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A Study of the Adjustment of Adopted Children in Air Force Families

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➤ Military families have difficulty adopting children through stateside agencies because of frequent relocations and lack of residency. This limits their opportunities for agency adoptions and can lead to deviations from customary procedures, resulting in adoptions which may bear a greater potential for adjustment difficulties.

This study examined the experiences of Air Force families with adopted children using Merton's Social Structure and Anomie Theory. The study investigated the influence of three independent variables, perception of eligibility, method of adoption (agency, independent, or overseas), and age of the child at adoption on the dependent variable, adjustment of the child. Two control variables, fertility status of the parents, and the racial nature of the adoption were also included. Adjustment of the children was measured on the Symptom Scale, an adaptation of Fanshel's Series IV Symptom Checklist, while perception of eligibility was measured on the Perception of Eligibility Scale which was constructed by the author for this study.

The study used an *ex post facto* design to test the hypothesis that the younger the age of the child at adoption and the use of an agency would be associated with high levels of adjustment of the child. It was also hypothesized that parents with low perceptions of eligibility were more likely to adopt children independently or overseas. Furthermore, families with low perceptions of eligibility were expected to experience more adjustment difficulties than families with high perceptions of eligibility.

Ninety-two Air Force families met the eligibility criteria and were included in the research. The study found that most of the children made a good adjustment to the adoption, with children adopted at a younger age having higher levels of adjustment than children adopted at an older age. Families who completed independent adoptions scored lower on the Perception of Eligibility Scale than families who completed an agency or overseas adoption. The level of adjustment of the child was not influenced by the method of adoption, perception of eligibility, fertility status of the parents, or racial nature of the adoption.

This study was an initial attempt at looking at adoptions using a Mertonian perspective. Implications for social work practice were discussed.



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The Catholic University of America

Studies in Social Work

No. 192

THE CATHOLIC UNIVERSITY OF AMERICA

A STUDY OF THE ADJUSTMENT OF ADOPTED CHILDREN IN AIR FORCE FAMILIES

A DISSERTATION

Submitted to the Faculty of the

School of Social Work

Of The Catholic University of America

In Partial Fulfillment of the Requirements

For the Degree

Doctor of Social Work



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Maurice M. Hayashi

Washington, D. C.

1988

This dissertation was approved by Sr. Ann Patrick Conrad, DSW,
as Director, and George H. Weber, Ph. D. and Shirley Bryant, DSW, as
Readers.

Sr. Ann Patrick Conrad

Director

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CHAPTER I
BACKGROUND OF THE STUDY

Introduction

There is a great disparity in the number of couples desiring to adopt children and the number of children adopted each year. While it is estimated that some two million couples would like to adopt a child, only about 50,000 unrelated adoptions are completed each year (National Committee for Adoption, 1985, p. 13). This inequity has placed a demand on child welfare agencies to carefully assess each prospective adoptive couple and balance the desires of the adoptive parents with the needs of the child. The large number of couples desiring to adopt children has resulted in longer and longer waiting lists, and it is not uncommon for couples to have to wait three to five years before their application is even accepted by the adoption agencies. For couples who can establish and maintain a residence in one location this means that they could apply and ride out the waiting period. However, for couples who are unable to maintain a residence in one location for an extended period of time, the chances of adopting a child become progressively slimmer. Military couples, who are subject to frequent relocations are examples of the latter category and are likely to have difficulty applying and gaining acceptance by an adoption agency because these couples are apt to move before their name advances to the top of a waiting list.

This study will examine the ways in which military families seeking adoption cope with this issue of mobility, and the influence that this mobility has on the decisions they make and the methods they use for adoption. If these differing methods involve increased risks to the child or the parents, one can expect that these different methods could

result in differing rates of adjustment to the adoption. This study will also examine the adjustment made by the adopted child to these adoptions.

Statement of the Problem

The total number of adoptions in the U. S. increased from 57,000 in 1957 to a peak of 175,000 in 1970. But, between 1970 and 1975, there was a 50% decrease in the number of children placed for adoption (Kadushin, 1980a, p. 469). These figures are for all adoptions, and adoptions by un-related persons account for roughly 50% of the total adoptions in any one year. There are no current figures for the number of adoptions completed each year as the National Center for Social Statistics in 1973 discontinued the practice of collecting data on adoptions.

The National Committee For Adoption (NCFA, 1985) has recognized the need for collecting data on adoptions and conducted its own national survey in 1982. Based on this survey, NCFA estimates that there were 89,200 unrelated adoptions in the U. S. in 1970, 47,700 in 1975, and 50,720 in 1982 (p. 14). Although military families are included in these figures, their numbers are probably small because of the difficulty these families experience with the adoption process. For example, it has been suggested that military families get discouraged from applying for adoption because the family is likely to be reassigned before their name appears on the eligibility lists (McCormick, 1987, p. 78). Considering that the average military family moves every two years or so (McCubbin, Marsden, Durning, and Hunter, 1978, p. 51), and that agency waiting lists average anywhere from three to eight years, it is easy to understand why military families get discouraged and have difficulty completing the adoption process.

Adamec (1983) reports that social agencies may look askance at military couples who want to adopt, because moving from base to base makes it difficult to complete a home study. McCormick (1987) has noted that the problem military families face is not one of meeting any standards or fulfilling any requirements. The problem is a matter of time. By the time the couple's name moves up on the waiting list, the family is getting ready to make another move. The Military Family Resource Center (1984) has also identified the mobility and temporary duty assignments of military families as obstacles which interrupt or preclude the adoption process for these families (p. 78).

In addition to these problems, child welfare agencies prefer that the child remain in that state until the adoption is finalized. Some states may even refuse to accept a couple's application because the couple may be legal residents of another state. Frequent transfers (sometimes as many as three moves in two years) can discourage these families from applying or even considering adoption until such time that they would be able to reside in a more permanent location. Usually this occurs when the military member nears retirement. But by this time, the couple may then be too old to meet the agency's age requirements.

Military families who are unable to qualify for an agency adoption may then look to other means of adopting children. Some of these adoptions may occur independently, without the use of an adoption agency. Independent adoptions usually involve facilitators, who generally are doctors or lawyers familiar with the biological or adoptive parents; and these facilitators arrange the adoptions themselves. Independent adoptions frequently pose a greater risk to both the adoptive parents and the birth mother because of the limited

access or involvement of social workers (Kadushin, 1974, p. 503).

Despite these risks, independent adoptions are still legal in a number of states.

Other adoptions for military families have occurred overseas where a foreign country's adoption laws may be less restrictive, adoptive children may be more plentiful, or the cost of the adoption may be less than in the states. Kadushin (1974) states that "...the mobility of American families, many of whom lived abroad for extended periods with the Armed Services..." accounted for some of the increased interest in adopting foreign children (p. 558). Most of these overseas adoptions involve children of a different race or culture from the adoptive parents, and will frequently lack the intensive investigations, evaluations, or social work services available through U. S. adoption agencies. And one has to question the legality of some of these overseas adoptions as stories surface periodically of black-market or gray-market babies, or of payments made in cash or in kind to accelerate or complete the adoption process. And in the rush to finalize an adoption, one wonders if due consideration is given to the best interest of the child. It would appear that these overseas adoptions may involve a greater risk to the child, and, consequently, may result in a lowered adjustment to the adoption.

For the military couple seeking an adoption, frequent relocations and lack of residency may interfere with or inhibit their adoption plans. These couples may then seek other means to adoption, possibly incurring increased risks in the process. For military families, then, adoption may pose greater difficulties or risks for the adopting couple and the child than for their civilian counterparts.

Background of the Problem

There are approximately two million persons on active duty in the U. S. military services. When one includes the spouses and children of these members, the retired military families, and the Reserve or National Guard families, the total military-related population increases to eleven million (Military Family Resource Center, 1984, p. 1). This represents a considerable number of individuals who are directly affected by military policies or a military life-style.

Although the author has chosen to limit the scope of the study by including only Air Force families in the study sample, many of the obstacles to adoption faced by Air Force families can also be generalized to other service families. Even though there are many similarities between the various services, there are, nevertheless, some differences which influenced the author to restrict the study to Air Force families. For example, there are several Army and Air Force bases but few Naval bases in Korea, a country that has had, until recently, a liberal adoption policy for foreigners. Therefore, one might expect to see more Army and Air Force families who adopt Korean children overseas than Navy families. On the other hand, the Navy and Air Force have bases in the Philippines, while the Army has no bases there. This could result in more Navy and Air Force families adopting Filipino children than Army families.

It is important to keep in mind that although the uniformed military services have different rules and regulations governing their members, military families are entitled to free medical services from any uniformed services treatment facility, regardless of the branch of service they are in or the branch of service of the provider of medical

services. In other words, an Army enlisted person is entitled to the same medical services as a Naval officer when seeking treatment at an Air Force clinic or hospital. Therefore, although this study specifically deals with Air Force families, one needs to remain cognizant of the total eligible military population when considering the provision of services.

Military families have been the subject of myths that have perpetuated the stereotypes the general population has of these families. One hears the term "Army brat" and immediately conjures up an image of a certain type of child. Or one may hear of drug and alcohol abuse among the military and begin to question whether the authoritarian atmosphere causes service members to escape the environment through the use of drugs or alcohol.

In an effort to dispel some of these myths, and to portray a more accurate picture of the military, Kaslow and Ridenour (1984) have written a volume specifically addressed to military families. In this volume, the authors suggest that military kids are no "brattier" than civilian kids; that the military system is more responsive to identifying alcohol problems or child abuse problems; and that the problems of military families, in general, tend to mirror those problems in the civilian communities (Morrisette, 1985).

Despite their many similarities, there are some definite differences between military families and their civilian counterparts. The Military Family Resource Center (MFRC), a joint effort between the Department of Defense and the Armed Services YMCA, has identified some of these differences:

The 4.7 million people attached to the active duty United States military form a subgroup of our nation's total population and share a set of lifestyle factors inherent in being part of the national defense system....In the course of their service careers, military families may expect to experience moving, not only from state to state but very likely to foreign countries; they will be separated from relatives and the familiarity of their home towns; they can expect the active duty member to be absent periodically from the family unit; they will have family celebration and life events interrupted because of mission requirements; they may expect to have their children's adjustment affected by military life; and they will find that many family life decisions and desires will be controlled and/or influenced by the needs of the military.

(Military Family Resource Center, 1984, p. 1)

Ridenour (1984) has noted twelve major differences between the military and civilian family that make service life unique. Among them are frequent separations and reunions, the primary role of the "mission" in the lives of the service member, and "...the need to adapt the family to the rigidity and conformity expected from the military" (Ridenour, (p. 2). Ridenour suggested that helpers working with military families be prepared to tailor their treatment program to take into consideration the uniqueness of military life, and in the process, keep appraised of all the factors that may affect a military family.

Rodriguez (1984) described the forces confronting the military family that test its capacity for healthy functioning: "separations are common, as are economic difficulties, alienation from local community

institutions, isolation from extended family, and high expectations for conformity to military social norms" (p. 47). Rodriguez portrayed these families as moving back and forth between the military and civilian social systems, sometimes existing as an outsider in both settings.

According to Rodriguez,

It requires great resourcefulness and flexibility in military families for this to be successful. Success in this dual existence is indicative of the special strength of military families---the ones who are likely to have a higher level of future adaptive functioning in multiple settings. (p. 48)

For some of these families, adaptive functioning has resulted in overcoming the obstacles posed by the military and its life-style and enabled the couple to adopt a child through conventional means. For others, adaptive functioning has led to seeking innovative, and at times risky, methods of adopting children. It is reasonable to assume that adoptions occurring by means of these different methods may result in different outcomes, especially in the adjustment of the child. This study will examine these different types of adoptions and the resulting adjustments made by these children.

Interest in the Problem

The author first became interested in the area of military adoptions while assigned to an Air Force base in Japan. There he came across several families who requested the names of orphanages that they might visit to search for adoptable children. Some families even took their leaves in Korea and the Philippines to search for orphans to adopt. As the author became more aware of what appeared to be a disproportionately large number of families who were interested in

adopting children, he began to discover some differences in adoptions between the U. S. and foreign countries. For example, the Japanese court system was agreeable to approving adoptions if the biological and adoptive parents had agreed on the adoption. There was no requirement for a home study or a background investigation prior to approval, even in the case of Americans adopting Japanese children.

It soon became apparent to the author that families could adopt children without any preparation or knowledge of the whole adoption process. Some American families were not even aware of the Immigration and Naturalization Service's (INS) regulations on orphaned children, nor the requirement of obtaining a visa before a foreign-born child could enter the U. S. One family in particular abandoned their adopted son six months after the adoption, when the novelty of the adoption wore off, and at about the same time that they received orders to return to the U. S. When they discovered that they could not readily obtain a visa for the child, they left the child with friends in Japan and returned to the U. S., with no intention of reclaiming their son. This child was subsequently adopted by another American family a year later. Although this was an isolated incident, it does point to the need of properly evaluating potential applicants, as well as ensuring that potential applicants are prepared for the adoption. This becomes even more important when the adoption occurs in a foreign country and when INS regulations are involved.

While there are no estimates of the number of families going overseas with the intention of adopting children, there are indications that the number of foreign adoptions is increasing. The National Committee For Adoption (1985) estimates that there were 4,323 foreign

adoptions in 1973, 7,051 in 1976, and 8,327 in 1984 (p. 14). This represents a sizeable proportion of adoption cases that need special consideration or attention because they usually involve a child of a different nationality, race, or culture from the adoptive parents.

Purpose of the Study

This study is designed to identify and compare the different modes of adaptation used by Air Force families in obtaining an adoption and to assess the relationship between the mode of adaptation and the adjustment of the child to the adoption. The study will also examine the influence that reduced eligibility for agency adoptions has on the applicants' decision to seek alternate modes of adaptation. One underlying assumption is that Air Force families, because of frequent relocations and failure to meet residence requirements, will have difficulty obtaining an agency adoption stateside. These families will then be inclined to seek other means to an adoption, such as an independent adoption or an overseas adoption. A second underlying assumption is that non-agency adoptions (independent and overseas adoptions) entail greater risks for both parents and child and are therefore more prone to adjustment difficulties for the child.

The present study will concentrate on Air Force families who have adopted children while on active duty, and will:

1. explore the incidence and types of adoption among Air Force families,
2. examine the methods used by Air Force families in adopting children,
3. examine the factors which aid the adjustments made by the children in these families,
4. explore the resources used by the Air Force family during the adoption process, and

5. offer suggestions for policy and practice to better assist these families with the adoptions.

Research Questions

Frequent relocations and failure to meet residence requirements may be factors in the inability of military families to qualify for agency adoptions. This could then lead these families to adopt children independently; or to use their overseas transfers as opportunities for adopting children in countries where adoptions may be easier, where children may be more available, or where adoptions may be less expensive. This study will look at the effect that these relocations and residency requirements have on a military family's opportunity for adoption.

Two research questions to be explored in this study are: 1) What influence do reduced opportunities for agency adoptions (or the couple's perception of their lack of eligibility for agency adoptions) have on the mode of adaptation used by the applicants? 2) What is the relationship between the different modes of adaptation Air Force families use to adopt children and the adjustment of the children as a result of these differing forms of adaptation?

Significance of the Study for Social Work

Since there has not been any systematic study of adoptions in military families, there are no data on the outcome of these adoptions. This study hopes to provide some initial insights into the patterns of adoptions in these families and thereby generate interest which could lead to improved services for these families. Careful examination of the adoption methods used by military families can be helpful to adoption agencies in improving their services, not only to military

families, but to the adoptive child as well. The need for finding adoptive parents for the many special needs children suggests that military families could be possible candidates for these adoptions. In addition, the adjustment of the child to the adoption can be maximized by having services available to these families, either through civilian agencies or by military agencies.

Plan of the Chapters

This chapter provided an introduction to the background, purpose, and significance of this study. Chapter II will begin with an overview of adoptions and will examine some of the controversies surrounding adoptions today. The chapter will end with two theoretical frameworks that the author finds useful in explaining a couple's desire for children and the methods they use to adopt children. Chapter III details the methodology used for this study. The definitions, variables, and hypotheses used in this study are described at length in this chapter. Chapter IV will provide descriptive information on the study sample. Chapter V contains the analysis of the data, including the multivariate influence of the variables on the adjustment of the adopted child. The contributions of the study to the field of social work in general, and to military social work in particular, are presented in Chapter VI. Also included in this chapter will be the limitations of a study of this nature, and some recommendations for further research. In addition, chapter VI includes a summary and the conclusions drawn from this study along with some suggestions for prospective adoptive parents as well as for agencies assisting these families. The Appendix contains the questionnaire and advertisements used in this study and a summary of the factor analysis of the Perception of Eligibility Scale.

CHAPTER II

THEORETICAL BACKGROUND

Review of the Literature

Past studies have looked at many aspects of adoption, for example, independent and agency adoptions, successful adoptions and failures, and the incidence of psychiatric illness in adopted children. This review will be limited to those issues that influence a military couple towards adoption or in pursuing a certain type of adoption. Three areas that seem especially relevant when examining the factors influencing military couples are: 1) intracial/transracial adoptions, 2) the fertility/infertility issue, and 3) agency/independent adoptions.

Overview of Adoption

Adoption has been used to effect the transfer of a member from one family to another. Whether it is done to carry on a family name and heritage, to provide a permanent home for a needy child, or to provide a needed child for a childless couple, the result is a severing of biological ties with one family and the creation, legalization, and recognition of a lineal relationship with another family. Adoption, in effect, creates a family where such a relationship did not previously exist among the members. According to Hoggett (1984), "the effects of an adoption order reproduce the birth relationship almost in its entirety. The order vests all parental rights and duties in the adoptive parents" (p. 133). All parental relations automatically become relatives of the adopted child; and property and succession is also bestowed on that child. "Membership in a particular family unit, once conferred through birth, adoption, or marriage, is virtually permanent, ending only at death" (Terkelsen, 1980, p. 27).

What was once little more than an informal sanction for the *de facto* transfer agreed upon by the parents, adoption today is a legal procedure which places emphasis on the needs and welfare of the child. Joe (1979) considers legal adoption to be "...the preferred method of permanent home-finding for children who cannot remain with biological parents" (p. 1). Adoption as used in the present study will refer to this legal transfer of a non-related child from his biological family to his adoptive family.

The socio-economic environment has contributed to the peak in 1970 and the decline since then, of the number of adopted children each year. The focus on the best interest of the child during the 1960's led to more children being freed from institutions and foster homes for adoption, providing an opportunity for these children to obtain permanent homes. The post-Vietnam era brought with it an increased concern and interest in the adoption of Amerasian children by Americans (Crenshaw, 1981; Mason, 1982; Siler, 1982). And the use of subsidies to help defray some of the costs of raising a special needs child increased adoption opportunities for these children (Hardy, p. 901). Racial issues also guided agencies and families toward or away from transracial adoptions, especially as it affected the black or American Indian child (Simon, 1984, p. 232).

More effective birth control methods, the greater availability of abortion, and the greater number of women opting to raise their child as single parents has led to a decrease in the number of available infants for adoption. Because the majority of couples wish to adopt an infant, and since there is a limited number of infants available for adoption, couples have had to consider adopting other types of children, for example, transracial, older, and handicapped children.

These socio-economic reasons have guided the practices of social workers and child welfare agencies as agencies continued to perform most of the adoptions in the U. S. And even in cases where adoptions were done independently, most state adoption laws required a home study or a review by a child welfare agency before the adoption was finalized (Kadushin, 1974, p. 561). Therefore, it became important for these social workers and agencies to rely on data that could be used to predict the outcome of these adoptions. And since a large majority of the studies on adoptions reflected the controversies of the time, three areas that were investigated at length and have applicability to this study included transracial/inracial adoptions, the fertility/infertility issue, and the independent/agency adoption controversy.

Transracial Adoptions

The writings of Goldstein, Freud, and Solnit (1973) have focused on the harms of extended institutional care on the child, and the authors have therefore, encouraged early adoption in the best interest of the child. While their writings probably referred to inracial adoptions, the recommendations can also be generalized to transracial adoptions as well.

Transracial adoptions in the U. S. gained great acceptance following the conclusion of World War II, "...as some concerned Americans responded to the plight of children fathered by American servicemen in Japan, during the American occupation..." (Koh, 1981, p. IX). According to Koh, these half-breeds would be destined to a life of rejection by their families and society and therefore, adoption of these children was seen as a humanitarian gesture in the rescue of these children (p. X). By the 1960's, transracial adoptions became

commonplace with the adoption of Korean, Japanese, and Chinese war orphans and the initiation of the American Indian project of the Child Welfare League of America (Jones and Else, 1979, p. 373).

The acceptance of Oriental and Indian children for adoption led some agencies to attempt the placement of black children with white families. In her work with transracial adoptions of black children, Simon (1984) states:

Transracial adoption has never been the procedure of first choice by any of the professionals who work in adoption placement. It came about because even though black families have always adopted at a higher rate than white families, there were thousands of black children in institutions or in foster homes who were legally free for adoption. (p. 232)

It was not until 1972 that the National Association of Black Social Workers organized opposition to transracial adoptions primarily in reference to the adoption of black children by white adoptive parents. Black leaders spoke of the "cultural genocide" that would result, as black children placed in white homes would lose their black identity and cultural values, and would not adequately learn to cope with the hostility of a white world (Kadushin, 1980a; Simon, 1984).

This opposition generalized to Indian adoptees and although the adoption of Indian children by white families was shown to be as successful as white children adopted by white families, this form of transracial adoption proved controversial (Fanshel, 1972). Indian authorities began to question whether the adoption of Indian children by white families was in fact better than keeping the child in an Indian environment, even if that Indian environment was an institution or a

foster home. Their concern was that once the child left the Indian environment, the child would lose all contact with the Indian culture and traditions.

There were valid arguments to be made on both sides of the issue. And although attempts were made to recruit minority homes, the faulty recruiting criteria and practices left many minority children without adoptive homes (Simon, 1984, p. 232). Child welfare agencies still had to determine whether the best interest of the minority child was served by keeping him in a minority foster home or institution or allowing him to seek permanent residence with white adoptive parents. In the 1970's, the inability to document cultural genocide and the fact that transracial adoptions were shown to be as successful as inracial adoptions led the Child Welfare League of America (CWLA) to still consider transracial adoptions as an alternative to institutional or foster home care (Child Welfare League of America, 1978).

One study that had a major influence on the CWLA's decision to consider transracial adoptions was done by Fanshel (1972), who conducted one of the first extensive studies on transracial adoptions. Fanshel examined the adjustment of 97 American Indian children who were adopted by white American couples in the early 1960's. The families were interviewed on five separate occasions, about a year apart, and were evaluated using several measures. Fanshel then compiled all these measures into an Overall Child Adjustment Rating which, as a summary score, reflected the child's adjustment to the family. Based on the Overall Child Adjustment Rating, Fanshel concluded that the Indian children had made a good adjustment to these families; and most parents rated the adoptive experience as highly positive. Because the children

were still pre-teens, there was some concern that adolescence would bring with it more problems in adjustment. Even so, Fanshel recommended that adoption for these Indian children was considered preferable to growing up in a foster home or an institution.

Kim (1976) examined the self-concept of 406 Korean children who were adopted by white American families. All of these children were placed through the Holt Adoption Program during the early 1970's. Kim compared the children who were adopted before age one with the children who were adopted at age six or older, and noted that there were no significant differences in self-concept between these two groups on the Tennessee Self Concept Scale. The measures of self-concept of both groups of Korean adoptees were similar to the group norms for the Tennessee Self Concept Scale. Kim also found that the racial backgrounds and cultural identifications of these children had little impact on their self-concept formation, and that the supportive family environment was considered a reliable predictor of positive self-concept. Kim's study was noteworthy as the children at the time of the investigation were between twelve and seventeen years old, and were in their adolescent period of development. In regards to the adoptive parents, Kim found that the adopters of Korean children seemed to be motivated by religious or humanitarian reasons, and seemed particularly interested in wanting to adopt children who were Korean.

Zastrow (1977) compared the levels of parental satisfactions with the adoptive experience between 44 white couples who adopted black children and 41 white couples who adopted white children. The study included children under six years of age who had been placed for adoption through public or private agencies in Wisconsin. The children

were matched on age and the parents were matched on socioeconomic status. In general, Zastrow found no significant differences between satisfactions for the transracial group and satisfactions for the intraracial group. Ninety-nine per cent of the transracial group and 100% of the intraracial group reported satisfaction with the adoption.

Silverman (1980) investigated the adjustment of white, Latin American, Korean, Vietnamese, and black children who were adopted by white American families. The names of adoptive families were solicited from adoptive parents' associations of the North American Council on Adoptable Children and from Welcome House International. The 713 families responding included children who were preadolescent or younger. Silverman noted that transracial adoptions were more likely to occur in urban areas where the cosmopolitan nature of the community provided a more accepting environment. An exception to this was the adoption of Korean children which occurred more frequently in rural areas. Silverman found that maladjustment was a product of the conditions that predated the adoption, and that the most significant factor in adjustment was the age at which the child was adopted. And because the lack of a stable placement led to deterioration in a child's adjustment (which apparently was not repaired by the child's later placement), the author called for placing children into adoptive homes as soon as possible. He further concluded that "...in terms of adjustment and identity of the non-White adopted child, transracial adoption succeeds reasonably well" (Silverman, 1980, p. 229).

McRoy (1981) investigated the self-concept of transracial adoptees and found no significant differences between the self-concept of black children adopted by black families, and black children adopted by white

families. The families all resided in the Southwest and Midwest and were identified through adoption agencies and adoptive parents' groups as having an adopted black child who was at least ten years of age. Using the Tennessee Self Concept Scale to measure self-concept, McRoy found that the mean self-concept scores of the 30 transracially adopted children were identical to the scores of the 30 inracially adopted children. She concluded that there were no significant differences between the self-concepts of black children in black homes and black children in white homes. However, systematic analysis of the qualitative data obtained during the interviews suggested that black children who lived in racially mixed communities tended to feel more positive about their racial identity than those black children who lived in racially isolated communities. This led McRoy to recommend that transracial families make an attempt to live in integrated neighborhoods where the child would have exposure to black role models. In addition, a later conclusion by McRoy and Zurcher (1983) on the same sample suggested that "...the quality of parenting is more important than whether the Black child has been inracially or transracially adopted" (p. 138).

Gill and Jackson (1983) studied 36 black children who were adopted in the mid 1960's by white English families and found these adoptions to be successful. Their study was a follow-up of the British Adoption Project (BAP) families who had been interviewed in two prior studies. The first author to study this sample of 51 predominantly white families who adopted black or mixed-race children was Lois Raynor (1980). Raynor's study was conducted in 1969 at the end of the four-year BAP. In 1974-1975, 49 of the original 51 families were interviewed by

B. Jackson, and this became the basis for the second study. Both the Raynor study, which was done soon after placement, and the Jackson study, which was done after the children had entered school obtained similar results. Both authors concluded that the success rate of these adoptions was comparable to that of other transracial adoptions studies.

The Gill and Jackson study was, therefore, the third research to be done on this set of parents. The authors interviewed the 36 white parents and their black children separately and assessed the outcome of the adoptions based on the interviewer's judgement and "...in part on what the children have told us" (p. 133). The children ranged in age from twelve to seventeen. The majority of the adoptions were seen as successful, and the authors concluded that racial background was not perceived as a significant factor in personal identity or group affiliation by either the adoptees or their families. Although the authors did caution that racial issues may become problematic as the adolescents move into adulthood, they concluded:

Nevertheless, in our view, there are strong arguments for saying that whenever possible black children needing a permanent substitute home should be placed in black rather than white families. But until the number of black homes increase ...transracial adoption...will continue to play a part in meeting that need. (Gill and Jackson, p. 139)

A follow-up study of 372 families from Silverman's (1980) study was done eight years later by Feigelman and Silverman (1983). This time the authors found that the transracially adopted families had slightly greater adjustment difficulties than the inracially adopted white families. But they attributed this difference to the child's older age

at placement rather than the transracial adoption itself. They found transracial adopters were likely to be as well adapted psychologically as their intracially adopted counterparts. The authors' conclusion summarized the majority of the studies on transracial adoptions: "Thus, we found little support for arguments contending that the placement of transracially adopted children in White homes will produce damaging consequences" (p. 601).

Infertility

An infertile couple has been defined as one that has not achieved a successful pregnancy after a year of having sexual relations without using contraception (Mazor, 1979, p. 102). Proof of infertility was at one time required before a couple could be approved for adoption. Agencies required medical statements attesting to the couple's infertility even before an application for adoption was accepted. And if the embarrassment of a declaration of infertility wasn't enough, the trauma of the infertility itself placed a heavy burden on the adopting infertile couple. For both men and women, the inability to reproduce often led to feelings of self-doubt and insecurities, especially in the sexual area.

Renne (1977) has compared the loss of fertility to other life crises and proposed that the parties must go through the stages of grief before they can adequately resolve the loss. According to Renne, the initial stage of shock occurs with a suspicion of a fertility problem. When infertility is indicated or confirmed, the second stage, protest, triggers strong reactions that lead to preoccupations with anger, pregnant women and infants, or the body and health. The third stage, despair, occurs when the couple recognize the futility of their efforts

and abandon any hope of pregnancy. From the mental health standpoint this is the most crucial period as feelings of depression, hopelessness, guilt, and shame become pronounced. The high level of tension that accompanies this stage can result in frequent quarrels, sometimes threatening the marital relationship; and many couples report this to be the most painful and long-lasting stage. The final stage of resolution occurs with the coming to terms with the infertility and a resumption of objective plans for the future.

Mazor (1979) also suggested several phases which the infertile couple must go through in resolving the infertility issue. The first phase revolves around the injury to the self, and is characterized by a preoccupation with the infertility study. The second phase involves a mourning for the loss of the children they won't bear and an examination of the impact this has on their lives. In the third phase the couple come to terms with the outcome of the infertility study and make some kind of decision for the future.

Johnston (1984) noted that couples must experience the full spectrum of loss---surprise, denial, anger, bargaining, depression, and acceptance---before they can comfortably move on. According to Johnston, infertility is not one loss but represents a number of losses:

1. the loss of individual genetic continuity and an unbroken family blood line,
2. the loss of a jointly conceived child,
3. the loss of the physical satisfaction of the pregnancy/birth experience,
4. the loss of the emotional gratifications of a shared birth/breast-feeding experience and the mystical goal of parent/child bonding at birth,

5. the loss of the possibility of parenting,
6. the loss of control. (pp. 21, 22)

But it is only the loss of parenting that couples can avoid when they decide on adoption. In some cases the desire to parent is so strong that infertile couples invest tens of thousands of dollars in risky propositions in the hope they would be able to obtain a child to adopt (Kornheiser, 1983).

Regardless of which point of view one selects, the last phase of resolution or acceptance must be reached before the couple can look realistically and objectively at alternatives, whether that be adoption, *in vitro* pregnancy, artificial insemination, mother surrogate, or adjusting to childlessness. Kraft et al. (1980) suggested that "...an adaptive resolution of the psychological dimensions of a couple's infertility is a condition for successful adoptive parenting. Conversely, failure to resolve the psychological tasks presented by infertility would lead to interference in adequate parenting" (p. 619). And it was this resolution of infertility that adoption workers looked for in their adoptive applicants. Lawder, Lower, Andrews, Sherman, and Hill (1969) noted that:

The abilities of both the mother and the father to discuss infertility during the application process were found to relate significantly to later family functioning. This finding lends weight to the attention given in established practice and theory about infertility. (p. 117)

Kirk (1981) has probably gone the farthest in incorporating infertility into a theory on adoptive relationships. According to Kirk, childless couples are confronted with role handicaps which are

reinforced by the attitudes of those around them. These role handicaps can take many forms. For example, biological parents who are expecting a child can share the joyous news with friends and relatives who can be supportive during the pregnancy and birth process. Adoptive parents, on the other hand, suffer uncertainty about whether or if they will be allowed to adopt a child and consequently, this may dampen or inhibit the sharing of their family plans. In the same vein, biological parents, once married, are eligible for parenthood. But adoptive parents must prove to the authorities that they are economically, psychologically, and maritally fit to assume parenthood.

Kirk (1981) used these situational discrepancies, which he identified as "structural sources of role handicap" to form the basis for his theory of adoptive relations (p. 34). According to this theory, these role handicaps are then carried into the evolving adoptive family relationship and is expressed in the form of parental dilemmas. Parents who accept the uniqueness and differentness of the adoptive relationship (as compared to the biological relationship) are more likely to be empathic, and tend to use ideational communication with the child about his background. This increases the chances of stability and permanence of the relationship, which then yields personal satisfactions. Acknowledgement of difference, therefore, leads to good communication, order, and stability in the adoptive relationship.

Rejection of difference parents, on the other hand, fail to differentiate between the adoptive and the biological parental relationship, and the parents pretend as if the child were their own birth child. Kirk (1981) described these parents as ones who attempt to match and space the adoptive children within the family according to a

natural progression (the last adopted child being the youngest in the family), or they avoid telling or talking about the adoption, or they ignore the child's prior background. These parents are unable or unwilling to acknowledge that the child is adopted, and they attempt to erase the child's past life from memory. These rejection of difference parents, then, are likely to encounter difficulties in the future in their relationship and communication with the adopted child.

Although Kirk's self-proclaimed theory has been embraced by some authors, notably Feigelman and Silverman, Smith (1984) has noted a major criticism of Kirk's theory:

It should be noted that Kirk did not demonstrate an empirical relationship between acknowledgement of difference, communication and successful outcome in terms of a happier, more satisfying, or qualitatively better family environment for adopted children---he merely hypothesized that this relationship existed. His insistence of equating 'rejection of difference' with poor communication, denial of adoption and less favorable outcome is also somewhat simplistic and open to criticism on the grounds of research designs and interpretation of data. (p. 10)

Even as Kirk's theory is being challenged, infertility as a requirement for adoption has ceased to be as great an issue. The difficulty of finding enough homes for the hard to place child has influenced adoption workers to consider fertile couples as adoptive parents. In addition, studies like Starr, Taylor, and Taft's (1976) were beginning to show that there was no difference between fertile and infertile parents on the success of the adoption.

Feigelman and Silverman (1979) examined the differences between preferential and traditional adoptive parents. Preferential adoptive parents were fertile couples who adopted for religious, social, or humanitarian reasons, while traditional adoptive parents were infertile couples who adopted for personal reasons. The authors found that preferential couples were less troubled by role handicaps associated with accepting adoptive parenthood. They attributed this to the absence of the stresses of infertility and first-time parenthood, since most preferential parents already had other children.

Although fertile couples had significantly more adjustment problems than infertile couples, Feigelman and Silverman found that this was related to the fact that fertile couples were more likely to adopt the hard to place child. By using multiple regression analysis to control for factors like the child's age, race, and age at adoption, the authors showed that preferential adoption was positively associated with the child's adjustment. That is, preferential adopters were shown to have made a better adjustment to the adoption than traditional adopters (Feigelman and Silverman, 1983, p. 232). This finding impacts on the type of children that can be considered for adoptive applicants as well as the type of adoptive applicants that might be considered for the adoptive child.

Independent and Agency Adoptions

A third area in adoption studies has been the difference between agency and independent adoptions. Witmer, Herzog, Weinstein, and Sullivan (1963) found that although independent adoptions posed a greater risk to the child in that only about half of the homes of independent adopters were considered to have met the standards at that

time, independent adopters themselves did not find independent adoptions to be any riskier than agency adoptions. This finding was the result of an extensive follow-up of 484 families who had adopted children in Florida between 1944 and 1947. The sample included children who were between the ages of 9 and 16 when the study was conducted in 1956 and 1957. Using a matched group of non-adopted schoolmates as a control group, the authors found that the control group scored significantly higher on the measures of adjustment. The authors concluded that "...in this sample at least, two out of three adoptions were judged fair to excellent, and at least one out of four definitely unsatisfactory, according to current ideas of what a child should have in his home environment and what evidence of adequate development he should show" (p. 341-342). When the authors compared their 70% success rate to the 75-90% success probability reported for agency figures, they concluded that the success rate of the families in their study fell considerably short of what was feasible.

The authors identified two risks of independent adoptions: the risk of receiving a handicapped child and the risk of encountering problems with the natural parents. The authors implied that the two risks may have contributed to the outcome of the adoptions. In their study, the authors discovered that four per cent of the couples received a child with some degree of physical or intellectual problem, while seven per cent of the couples experienced some difficulty with the natural parents or grandparents (Witmer et al., 1963, p. 355).

One shortcoming of the Witmer et al. study was that it did not take into account the parents' opinions. When the parents were asked about their assessment of the outcome of the adoption, 85% expressed

unqualified success. However, the authors did not take this into consideration when determining the outcome of the adoptions.

Witmer et al. thought that "for practical purposes, then, the assessment of outside observers seems more reliable than the verdict of the parents, even though parents' attitudes are so overwhelming a part of the adoption outcome" (1963, p. 342).

In a study of 50 independent adoptions completed in 1964, Bluth (1967) found that 80% of independent adopters would have preferred agency adoptions, but chose the independent route because they had been discouraged by agency practices. Bluth compared a group of 50 couples who adopted through an agency with a group of 21 couples who adopted independently on the factors that led couples to adopt independently rather than through an agency. Bluth showed that couples who had a history of divorce, or were more amenable to religious crossing between the child and adoptive parents, or had less formal education tended to use the independent route to adoption. The author did not attempt an evaluation of the outcome of the adoptions, but he did recommend that child placement agencies reexamine each of the several criteria they may be using to screen out potential adoptive applicants. And although independent adoptions may involve more risks to the children and to the parents, Bluth concluded that "...independent adoption is a societal reality and will remain so until changes are effected in primary and related fields of adoption practice" (1967, p. 513).

Furlough (1974) examined 30 children placed independently and 30 children placed by a public agency in Florida. The children were matched in age, had been placed in the adoptive homes between 6 and 12 months of age, and were between 7 and 9 years old at the time of the

study. The author failed to find any significant differences between the agency and independent adoptions. He concluded that independent homes did not differ from agency homes when compared on basic physical and emotional factors. Furthermore, independently adopted children could expect the same opportunities for healthy, normal development as those placed by agencies.

McMahan (1974) did an interesting study of child adoptions as an economic process rather than a social service one, and found agency and independent adoptive families to be similar on most of the measures. McMahan looked at the price of adoptions from a supply and demand perspective and suggested that a nonmonetary price or set of socio-economic characteristics which a perspective couple possess would be utilized in distributing or allocating the adoptable children. The author hypothesized that couples who would be denied applications for agency adoptions because they were 1) fertile and had children, 2) not the preferred ages, and 3) had not been married a given number of years would choose independent adoptions because they did not feel they would meet the agency standards. And because of this, there would be a different price attached to independent adoptions than to agency adoptions. The author found that:

the assumption that the independent market exists to serve those who cannot adopt through the agency cannot be supported by the data in this study. The similarity of the adopters indicates that, the price (set of characteristics) in the independent market is the same as the price (set of characteristics) in the agency market. (p. 119)

In other words, the minimum standards and prerequisites of the agency have not been influential in the prospective couple's decision to adopt through an agency or independently. This finding runs counter to other studies that have looked at the social service aspect of adoptions.

To further complicate the independent/agency issue, Meezan, Katz, and Russo (1978) and Kadushin (1980a) have both done extensive research into studies of independent and agency adoptions and have noted the greater risks of independent adoptions. Meezan, Katz, and Russo looked at independent adoptions that were completed between 1975 and 1977. The authors obtained data from a public and a private adoption agency in each state, adoptive parents, mothers who had relinquished children independently, independent adoption facilitators, and state attorneys general. Although the study focused on the process rather than the outcome of independent adoptions, the authors noted some interesting findings:

1. Independent adoptions take significantly less time to accomplish than agency adoptions.
2. Only 15% of the adoptive couples reported that the agency requirements were a deterrent to agency use.
3. Those who were ineligible to adopt through an agency were either above the age limit, already had children in the home, or had not been married long enough.
4. Seventy percent of the adoptive couples approached social agencies but felt discouraged because of the long wait for a healthy infant.

The authors noted that the desire of adoptive couples for children remains so strong that many continue to use independent adoptions, despite the greater risks. The authors concluded:

It appears that although the shortage of healthy white infants is a stronger deterrent to adoptive parents than are agency policies and procedures, the latter do play a role in directing couples to the independent route. Agency factors are a more serious deterrent to use of agencies by biological mothers than by adoptive parents, and this very fact aggravates the shortage of adoptable infants available through agencies. (p. 231-232)

Kadushin (1974) suggested that independent adoptions posed a greater risk of failure because independent adoptions: 1) incurred less assurance of confidentiality, 2) entailed greater difficulty in obtaining confirmation of legal title to the child, and 3) provided little or no opportunity to talk with an experienced professional. In 1980, Kadushin noted a decrease in independent adoptions from 51% of all adoptions in 1944 to 21% in 1971. Even at 21%, this still represented 17,000 adoptions that were completed in 1971 without the use of an agency. Not only were independent adoptions more expensive and psychologically more tenuous, but according to Kadushin, they resulted in a "failure" rate of 25% versus 14% for agency adoptions (Kadushin, 1980a, p. 517). According to Kadushin (1978), the preparation of homes for the placement and the worker's subsequent support activities with the adoptive families assured the optimum success of the placement.

Therefore, couples who choose the independent route to adoption take on added risks of adoption disruption either by not meeting agency eligibility requirements or by not seeking assistance during the adoption process. These couples may have been rejected by agencies in the past, or may perceive themselves to be rejected by an agency if they were to apply, or may prefer not to go through the agency route.

Subsequently, they see their only course to adoption as through the independent route.

Theoretical Framework

The author has used two theories that are useful in explaining the adoption of children by families. The first theory, Erikson's Life Cycle Theory, explains the role of having and raising children as a step in completing a stage in the life cycle. The second theory, Merton's Theory of Social Structure and Anomie, examines the methods couples use to adopt children to fulfill the requirements of this stage when biological children are neither desired or possible.

Erik H. Erikson

Erikson's (1985) Life Cycle Theory is based on epigenetic principles of development which suggest that individuals must complete earlier stages of development before they can adequately move on to complete future stages of development. Erikson proposed that the individual's ego or psychosocial maturation must occur through a series of eight stages encompassing birth to death. The first stage of trust versus mistrust is based on the infant's interactions with his mother in satisfying his biological needs. The successful resolution of this initial phase of interaction results in the formation of basic trust in oneself as well as others, while the unsuccessful resolution of this stage can lead to basic mistrust and the potential for compromising future stages of development.

During the subsequent stages of autonomy versus shame and self-doubt, initiative versus guilt, industry versus inferiority, identity versus identity confusion, and intimacy versus isolation, the individual's ego development parallels the evolvement of the infant into

an adult. The successful resolution of the intimacy stage results in the ability to relate intimately and meaningfully with others in mutually satisfying and productive interactions. This is also the necessary preparation to enter the next stage of development, generativity versus stagnation.

For the adult, the stage of generativity versus stagnation is characterized by a feeling for others and a concern with the younger generation, and usually refers to proper parenting. While it is primarily a concern for establishing and guiding the next generation, this stage also involves productivity and creativity. While a few people, out of misfortune or special or genuine gifts, may channel this generativity into some form of altruistic or creative concerns, the majority of couples "...wish to combine their personalities and energies in the production and care of common offspring" (Erikson, 1980, p. 103). If individuals are unable to develop or experience generativity, the result is a sense of stagnation and interpersonal impoverishment characterized by excessive self-love, self-interest, or an obsessive need for pseudo-intimacy.

This brief overview of Erikson's stages of development, particularly the generativity stage, provides a useful explanation for a couple's desire to bear and/or raise the children of the next generation. Erikson's Theory applies both to infertile couples who look to adoption as an opportunity to use the parenting experience to fulfill the requirements of this stage; as well as fertile couples who view adoption in more altruistic terms, for example, rescuing and raising children who would otherwise be destined to a dismal future.

Robert K. Merton

While Erikson's Life Cycle Theory can be helpful in explaining a couple's desire for children, the author relies on Merton's Theory of Social Structure and Anomie to explain the methods couples use to adopt a child. Merton used his Theory to explain deviant behavior, especially in reference to crime and delinquency. And although he used monetary success as the goal in illustrating his theory, he declared that any cultural goal can be substituted:

The theory holds that any extreme emphasis upon achievement...will attenuate conformity to the institutional norms governing behavior designed to achieve the particular form of 'success', especially among those who are socially disadvantaged in the competitive race. (Merton, 1968, p. 220)

The cultural goals and the institutional means to those goals are at the center of Merton's Theory. According to Merton, integration or equilibrium in social systems is maintained by cultural goals and the structural paths leading to those goals. And as "...cultural ideas dictate goals or ends toward which action is to be directed,..." equilibrium results when the structure is accessible through legitimate means which are sanctioned by the norms of the culture (Turner, 1982, p. 84). A state of anomie or disequilibrium occurs when either the cultural goals are rejected or the means to the goal are not or cannot be used. Since a state of anomie or disequilibrium is unpleasant, the individual(s) may attempt to reduce this disequilibrium by resorting to other, non-sanctioned practices or goals.

Merton further suggested that there is an inverse relationship between the disequilibrium and anomie, and the success of goal

attainment. That is, the more emphasis a culture places on a goal, the greater the degree of anomie when paths to the goal are unavailable. Moreover, the failure to attain a goal represents a double defeat, "...the manifest defeat of remaining far behind in the race for success and the implicit defeat of not having the capacities and moral stamina needed for success" (Merton, 1968, p. 222).

Merton described five categories of individual adaptation, based on whether or not individuals strive towards the goals, and/or use the established paths to those goals (see Fig. 2.1). In this typology, (+) signifies "acceptance", (-) "rejection" and (*) "rejection of prevailing values and substitution of new values".

Table 2.1.

Adaptations to Anomie

<u>Modes of Adaptation</u>	<u>Cultural Goals</u>	<u>Institutional Means</u>
I. Conformity	+	+
II. Innovation	+	-
III. Ritualism	-	+
IV. Retreatism	-	-
V. Rebellion	*	*

Note. Taken from Turner, J. H. (1982), p. 86.

Type I: Conformity---Conformity is the most common mode of adaptation in a stable society where individuals use institutional means to attain the desired cultural goals. Although most individuals by virtue of their location in the social structure and their exposure to stresses may be prone towards deviancy, "...as a result of countervailing social mechanisms, most even of these stressful positions do not typically induce deviations; conformity tends to remain the modal response" (Merton, 1968, p. 237).

Type II: Innovation---Innovation refers to the use of institutionally proscribed, but often effective, means for attaining a culturally valued goal. This is often accompanied by a readiness to take risks, and represents a departure from the usual institutional norms to reaching the goals.

Type III: Ritualism---Ritualism is characterized by a pattern of responses where the cultural goals are abandoned but the individual continues to abide by institutional norms.

Type IV: Retreatism---Retreatism is characterized by the abandoning of the cultural goals as well as the rejection of institutional means towards the goals.

Type V: Rebellion---Rebellion refers to the "...conflict between culturally accepted values and the socially structured difficulties in living up to these values..." (Merton, 1968, p. 245). In rebellion, the individual substitutes his own values, goals, or norms in place of the culturally acceptable ones.

While Merton used these five types of adaptation to explain deviance in individuals, they can also be used to explain the behavior of individuals or couples desiring to adopt children. The desire to bear and raise children has its basis in economic, religious, or personal reasons, and is also a means to completing the generativity stage of the life cycle. And when couples are unable to give birth to their own offsprings, adoption has been used as a method of family building. According to Tizard (1977), some older societies have used adoption to ensure the continuity of wealthy families by providing for the inheritance of property and the performance of ancestral worship. In the U. S., adoption was legalized in Massachusetts to provide

infertile wives the "right" to their "own" child; and to satisfy the emotional needs of infertile couples and to "cement" their marriage (Tizard, 1977, p. 5-7). And even as late as the 1950's, adoptions in the U. S. were used primarily to provide children for childless parents.

The usual means of adopting children was through agencies which attempted to match a child as near to the parents' desires as possible, including color, religion, body type, temperament. This was possible, as long as the supply of children exceeded the demand from childless couples. And, as adoption came to be seen as an acceptable method of family building for childless couples, the number of requests from couples also increased.

With respect to white children, the introduction of more effective birth control methods, the legalization of abortion, and the respectability of single parenthood all led to a decrease in the supply of adoptable children available each year. Adoption agencies became more selective in choosing their applicants, and those applicants who did not meet the agency standards were considered "marginally eligible" and were more likely to be encouraged to adopt a special needs child rather than the "healthy, normal, white infant" (Kadushin, 1962, pp. 227-234). According to Kadushin, marginally eligible couples can be characterized by the following:

1. at least one of the spouses is over 40 years of age;
2. the spouses are members of different religions
or races;
3. at least one of the spouses has been divorced;
4. there is a health problem; and
5. there are two or more children in the home. (p. 229)

These characteristics resulted in increased difficulty in adopting, and marginally eligible couples have had to change the preferences of their ideal adoptive child and/or use different methods in adopting a child. Using Merton's scheme, then, the following types of adaptation may be possible for all adoptive couples:

Type i: Conformity---This is the most common and widely used form of adaptation. This category would include the couples who apply to various reputable public and private agencies. These couples view adoption agencies as the legal and acceptable route to an adoption and are not willing to assume the greater risks entailed through other methods of adoption.

Type ii: Innovation---This category includes those couples who would prefer the adoption agency route but find themselves unable to meet the residency requirements. These couples may see themselves as somewhat marginally eligible because they meet all the agency eligibility requirements except one. The Air Force family that moves frequently or is not considered a legal resident of the state in which they reside falls into this category. These families may attempt to use their overseas assignments as an opportunity to adopt, generally in a country where the adoption requirements are less stringent, adoptable orphans are more available, or the adoption process much quicker or less costly. These adoptions are legal in the countries in which they are performed, and frequently will involve an agency or office that oversees the adoption. But because of the language, cultural, socioeconomic, and legal differences, one may expect that the eligibility requirements would be less stringent than those imposed by American adoption agencies.

Type iii: Ritualism---Couples in this category lack the desire for children, and although they may talk about children, they have nevertheless given up the cultural goal of having children. These couples remain a family of two adults and are content just having their jobs, hobbies and interests, pets, friends, and/or each other. Though presently content without children, these couples are cognizant of the fact that should they change their minds at a future date, established means are available to fulfill their personal goals and the goals of their culture.

Type iv: Retreatism---This category resembles Merton's description of individuals who exist in society but hold no true allegiance to any of its values or goals. They are represented by the "...vagrants, vagabonds, tramps, chronic drunkards and drug addicts" (Merton, 1968, p. 207). These are individuals who have rejected the cultural goals and institutional means to children, and have withdrawn from the whole notion of parenthood.

Type v: Rebellion---This represents the couples who may be conflicted in their decision to have children, who may not have explored adequately their desire for children and/or adoption, or who may want to use the adoption to resolve their infertility dilemmas. It may also include couples who are frustrated by the bureaucratic requirements of an adoption and have decided to expedite the adoption process through independent efforts. These couples may feel that they would not qualify for agency adoptions because they would not meet the eligibility requirements imposed by agencies. And as described earlier, in their desire for children, these families may assume a greater risk in adopting children by adopting outside of the agency route.

While the innovation and rebellion modes of adaptation both incur greater risks, it is important to distinguish between these two types of couples. The innovation couples would meet all the agency requirements for adoption, except that their frequent moves makes them ineligible to complete an agency adoption. The rebellion couples, on the other hand, may or may not meet the residency requirements, but more importantly, they are marginally eligible in that they perceive themselves as not meeting one or more of the other agency requirements, such as a minimum education or income level or being married for a minimum number of years. Therefore, in terms of perception of eligibility, innovation couples would be expected to have a higher perception of eligibility than rebellion couples.

Summary

The majority of studies examined in the areas of transracial and inracial adoptions, infertility issues, and independent and agency adoptions tend to show some interesting trends. Despite the controversies surrounding transracial adoptions, there is still insufficient evidence to warrant their discontinuance. In fact, while placement of the child with families of similar race and cultural background is the ideal, until the recruitment of minority homes improves, the best interest of the child dictates that transracial adoptions must be considered as one possible alternative.

For infertile couples, resolution of the infertility is a minimum prerequisite before considering adoption. However, infertility as a requirement for adopting children has waned in importance, and documentation of infertility is generally not required before a couple can apply for an agency adoption. The desire to provide a home for a

child should have precedence over a couple's fertility or infertility in determining their eligibility for adopting a child.

The agency/independent adoptions issue is a more difficult one to resolve. Independent adoptions appear riskier than agency adoptions and also appear to have a greater failure rate. Despite the risks, independent adoptions account for about one-third of all unrelated adoptions. If one uses the National Committee for Adoption's estimates, of the 50,720 unrelated adoptions in 1982, 19,428 were arranged by public agencies, 14,549 by private agencies, and 16,743 were arranged independently (1984, p. 13). And since most states allow some form of independent adoptions, independent adoptions will continue to make up a good portion of the adoptions in the U. S.

The environment today is such that parents can seek many ways to build or add to their families through adoption. No longer is the childless couple limited to the services of an adoption agency for completing an adoption. Childless couples have been innovative in finding other ways of adopting. Practices which at one time were considered radical have now gained greater acceptance, for example, transracial/transcultural adoptions, open adoptions, special needs adoptions. Couples are not limited to selecting only those children who resemble them in race, color, or religion; but couples can now select children based on the child's need for parents and a home. Churchill, Carlson, and Nybell (1979) have referred to adoptions where adoptive parents attempt to substitute as closely as possible for biological parents as Adoption I; and adoptions based primarily on the needs of the children as Adoption II. Although there will continue to be couples who desire Adoption I, the authors proposed that it is likely that in the

future, a proportionately greater number of adoptions will be of the Adoption II type. They attribute this primarily to the changing social attitudes, medical improvements, and the changes in adoption laws.

The foregoing can be summarized and applied to the current research using the following framework: Air Force couples desire children as a means of completing the generativity stage of the life cycle. Air Force couples, because of infertility and/or the desire for a child, will use adoption as a means of family building. When they are unable to qualify for agency adoptions because of frequent moves or residence requirements, Air Force couples will become innovative and use their overseas assignments as opportunities to adopt children in a foreign country. In some cases these families may also utilize the rebellion mode of adaptation and adopt children independently.

CHAPTER III

STUDY METHODOLOGY

Military families may have unique experiences when it comes to adopting children. At the present time, they must compete with their civilian counterparts in the selection process used by adoption agencies to identify qualified applicants. Inability to meet residence requirements may cause military families to seek other types of adoptions, such as independent adoptions or overseas adoptions. A family who decides to adopt independently or in an overseas location may differ from the family who adopts through an agency, and this difference may result in dissimilar adjustments by the children in these families. This study will examine the adjustments made by the children in these differing adoptions. This chapter will describe the methodology used to identify and select the families that were the subjects of this study. In addition, this chapter will describe the research instrument that was used and the hypotheses that were tested.

Population and Sample

The author conducted an extensive search of the literature and failed to uncover any prior research on adoptions by Air Force families or other military families. The search was conducted using the catalog and computer accesses within the Library of Congress, the National Institutes of Health Medical Library, the National Institute of Mental Health Library, local university libraries, the Pentagon Library, and the Defense Technical Information Service, a data base of federally funded researches.

The author was not able to discover any data bases containing the names or numbers of military families with adopted children. Personnel

records of military members list the eligible dependents of that member, but do not identify whether that eligibility was established through birth, marriage, or adoption. Medical records may contain entries that a child was adopted, but this was not routinely asked nor noted for all adopted children. Since there was no easy access to these families, the author decided to publicize the study in various media as a primary method of recruiting volunteers. In selecting the media, attention was given to those services that were likely to be utilized by Air Force families. It was decided in the initial stages of the investigation to limit the study population to Air Force families for two primary reasons:

1. Limiting the study to Air Force families would eliminate the influence of other variables such as the differential military service regulations, the length and locations of assignments, or the different support services that are available on each base.
2. The recruitment criteria, education and qualifying test scores, are slightly different for each of the services, and restricting the study to Air Force families would limit the influence of these variables.

Pilot Study

There are approximately 600,000 active duty members in the Air Force. However, because there are no clear estimates of the number of families with adopted children, the author decided to do a pilot study, the purpose of which was:

1. to determine if there was sufficient interest on the part of military families in volunteering for a study on adoptions,
2. to determine if a minimum response rate could be obtained to enable the author to utilize certain statistical procedures,

3. to assess the ease in completing the questionnaire.
4. to refine the questionnaire.

For the pilot study, the author selected two Air Force bases in the Washington, D. C. area, each with approximately 4,000 active duty members assigned to the bases. An article on the author's study was printed in the base newspapers of each base. Twenty-four families expressed an interest in the study; and questionnaires were mailed to these families. Sixteen Air Force families were among the nineteen who completed and returned the questionnaires, seven from one base and nine from the other. It was therefore determined that even with a conservative estimate of five willing participants from each of the one hundred or so Air Force bases, that it would be possible to obtain a sample of 500 cases. In addition, helpful comments were made by the respondents and this enabled the author to further refine the questionnaire. The author then made the decision to continue with this study.

DATA COLLECTION

For the study itself, the author met in February 1987 with a reporter from a local Air Force base newspaper and arranged for a short article to be sent to the Air Force News Service (AFNS). The article contained a description of the study and requested volunteers to write to the author for a copy of the questionnaire (Appendix A). It was hoped that the AFNS would in turn distribute the article to the various Public Affairs Offices which had responsibility over each of the base newspapers. The base newspapers are printed locally and contain articles of local interest as well as Air Force policy matters, and are read by a majority of the members on each base. The newspapers are

printed weekly and can be obtained free of charge at distribution centers throughout the base. Some bases even deliver the papers to offices and homes on the base. This initial effort met with limited success as less than 15 base newspapers carried the article. Approximately 15 requests for the questionnaire were received as a result of this attempt.

The author contacted the Air Force Family Matters Officer at the Pentagon on March 15, 1987 and obtained his cooperation in including the author's request for volunteers in the monthly newsletter that is distributed to all the base Family Support Centers (FSC). The FSCs are located on many of the bases and have responsibility for all programs that affect families. Since they also act as clearinghouses for family information, they often are the first stops couples make to request information on adoptions. For example, one overseas FSC offers introductory programs for prospective adoptive families, providing these families with much needed information on the country's adoption laws, immigration requirements, and some unscrupulous practices to avoid. The author's article appeared in the June newsletter to the FSCs but resulted in only one or two requests for a questionnaire.

The author placed an advertisement in the March 16, 1987 Air Force Times which appeared in the U. S., Europe, and Pacific editions (Appendix B). The Air Force Times is a newspaper which contains articles of interest to Air Force personnel, but is not considered an official publication of the U. S. Air Force. The average weekly circulation for March 1987 amounted to 107,000 copies, which included the subscription and single copy sales for the U. S., Europe, and Pacific areas. This attempt resulted in approximately 30 requests for questionnaires.

The March 23, 1987 edition of the Times carried the author's request in "The Big Hangar" section of the paper. The article was submitted to the Times through the Air Force Institute of Technology's Public Affairs (AFIT/PA) Office and contained essentially the same information as was included in the author's advertisement. Approximately five families responded as a result of this article.

On April 7, 1987 the AFNS distributed the author's request for volunteers in its monthly Family News Section of the News Service Bulletin. The Bulletin is sent to 277 base newspaper editors, who then decide what articles, if any, to include in their local base newspapers. An additional 25 requests were obtained through this method.

On April 14, 1987 the author spoke with the staff of the AFIT/PA office who were encouraged by the study and agreed to contact several friends who were also editors of base newspapers. Also on April 14, 1987 the AFIT/PA office sent a radio spot (audiotape) describing the author's study and his request for volunteers to the Air Force Radio News Service. The radio spot ran about five minutes and received air time at the various news networks at overseas bases in Europe and the Pacific. It is estimated that few if any requests resulted from the radio spots.

A second request for volunteers was printed in the May 18, 1987 edition of the Air Force Times. This second advertisement resulted in approximately 15 requests for questionnaires.

In addition to these active efforts at recruitment, the author also requested each respondent to contact other adoptive families and inform them of the study. The author also contacted personal acquaintances and informed them of the study, and requested that they encourage willing

participants to write the author for a copy of the questionnaire. By far the majority of requests for questionnaires were received as a result of articles appearing in the local base newspapers or the Air Force Times advertisements.

In determining the eligibility of families for this study, the initial request limited the respondents to families who had adopted an unrelated child while one member was on active duty in the U. S. Air Force. In all, 107 questionnaires were mailed to adoptive families. If after three weeks the questionnaire was not returned, a follow-up letter was sent to encourage the respondents to complete the questionnaire. A cut-off date of August 31, 1987 was established, after which date questionnaires could not be accepted for inclusion in the study. Eight questionnaires were voided because they were incomplete, the adoptive parents were single parents or step parents, or the families were not Air Force families. Despite reminders, seven families failed to return the questionnaire. The remaining 92 questionnaires were valid and complete, and constituted the total sample for this study. The response rate was calculated to be 92%, based on a procedure suggested by Dillman (1978, p. 50).

The Research Instrument

The research instrument (Appendix A) consisted of an 11 page questionnaire constructed by the author which was mailed to the respondents along with a self-addressed stamped envelope. Parts A and B contained demographic information on the husband and the wife, respectively. Included in the wife's section were three questions that were used by Silverman (1980) to measure adjustment in children, and is referred to in this study as the Silverman Scale. Parts C and D

described the adopted child and the adoption process; part E, the types of children desired; and part F, the Perception of Eligibility Scale (PES). Parts G and H listed the persons and agencies that the couple felt were helpful in assisting them with the adoption and part I listed the couple's reasons for adoption. Part J contained Fanshel's (1980) Series IV Child Symptom Checklist and part K used open ended questions to elicit suggestions from the parents. A cover letter described the study and included a control number assigned by the Air Force, which approved the study.

Definitions

The following definitions describe terms that were used in this study and had meanings specific to this study.

Adoption. Adoption involves the severing of biological ties with one family and the creation, legalization, and recognition of a new lineal relationship with another family. As used in this study, adoption refers to the legal transfer of a non-related child from the biological family to the adoptive Air Force family.

Mode of adaptation. The mode of adaptation refers to the different methods that couples may use to adopt a child. As defined earlier, the conformity mode referred to public and private agency adoptions, the rebellion mode referred to independent adoptions, and the innovation mode referred to overseas adoptions.

Perception of eligibility. Perception of eligibility is defined as the couple's judgement of how acceptable they are to adoption agencies. Perception of eligibility is influenced by qualities the military couple may share with civilian families, for example, education, race, and age. But it is also influenced by qualities that

are unique to a military family, for example, frequent moves, lack of residency, and a military life-style. Perception of eligibility is measured on the Perception of Eligibility Scale (PES) constructed by the author for this study.

Adjustment. The term adjustment as used in this study refers to the parents' assessment of the adaptation made by the child to the adoption. Adjustment was measured on the Symptom Scale, an adapted form of Fanshel's Series IV Child Symptom Checklist and was based on the parents' ratings of the presence or absence of symptoms in their adopted child.

Variables

Dependent Variable

The dependent variable, level of adjustment, refers to the parents' view of the child's adjustment to the adoption, and was directly related to the observance of symptoms in the child. The level of adjustment was measured by the Symptom Scale, which was adapted from Fanshel's (1972) Series IV Child Symptom Checklist. The Symptom Scale consisted of 28 symptoms that were related to a child's physical, emotional, or social development. Depending on the symptoms, parents could select responses 0, 1, 2, or 3, with 0 representing the absence of a symptom, and 2 or 3 representing increasingly severe symptomatology. Therefore, the lowest possible total scale score was 0, while the highest possible total scale score was 66. A high level of adjustment was characterized by a lack of symptoms, while maladjustment was characterized by numerous symptoms.

In his study, Fanshel found that his Series IV Child Symptom Checklist had a correlation of $r = .53$ with the more global Overall Child Adjustment Rating. In constructing the Overall Child Adjustment

Rating, Fanshel relied on several interviews with the families over a five year period. Fanshel felt that the newness of transracial adoptions, for which he initially constructed the instrument, warranted maintaining contact with the adoptive parents over the five year period to establish whether such placements were viable. Following each series of interviews, Fanshel reviewed the interview materials and rated the child's adjustment on five separate areas of the Child Progress Rating Scale: 1) physical growth and development, 2) intellectual and cognitive competence, 3) personality characteristics and behavior patterns, 4) social relationships, and 5) family relationships. From this material, he then gave an Overall Child Adjustment Rating to the child ranging from one (excellent adjustment) to seven (extremely poor adjustment). This Overall Child Adjustment Rating represented a composite score of the child's adjustment to the adoption and was the most important measure of how well the adoption appeared to be working out (p. 277). An inter-rater reliability test for the Overall Child Adjustment Rating was conducted by comparing Fanshel's ratings with the ratings of a pediatrician, a psychiatrist, and social caseworkers on 53 cases. There was a high correlation ($r = .82$) between the ratings given by Fanshel and the other raters.

Although Fanshel reported the Series IV Child Symptom Checklist to have "adequate reliability", he offers no figures to support this (Fanshel, 1972, p. 324). Reliability estimates for this present study were obtained using the Cronbach's Alpha Coefficient which was .896.

Independent Variables

The influences of three independent variables were examined in this study. The first independent variable was the mode of adaptation used

by the parents, and was described as 1) conformity, 2) innovation, or 3) rebellion. This variable was operationally defined by nominal categories included in the questionnaire. Conformity was indicated by the use of stateside, private or public adoption agencies; innovation, by overseas adoption procedures; and rebellion, by independent (non-agency) stateside adoption procedures.

A second independent variable was the perception of eligibility which was defined as the applicants' judgments of their degree of acceptability as potential adoptive parents by stateside adoption agencies. Perception of eligibility reflected the applicants' views that frequent moves, failure to meet residence requirements, or other characteristics associated with military life will influence their opportunities for successful agency adoptions. Perception of eligibility was measured on the Perception of Eligibility Scale (PES) which was a continuous scale developed by the author. The PES consisted of 25 sentences to which the respondent answered, using a five point scale (see Section F of questionnaire, p. 118):

1. strongly agree
2. agree
3. uncertain
4. disagree
5. strongly disagree.

Internal consistency for the Scale was measured using the Cronbach's Alpha Coefficient and was found to be .845. Content validity was established through the use of a panel of experts, two of whom were social workers with backgrounds in child welfare, and the third who was a sociologist familiar with professional social work issues and practices. Factor analysis of the PES resulted in loadings on two

primary factors (see Appendix C), the first of which was called "qualifications", representing the qualities families brought to the adoption agency. The second factor, "agency assessment" represented the agencies' perceptions of the military family as potential adoptive parents. Factor analysis was used to establish construct validity of the PES.

It was hypothesized that parents with high perceptions of eligibility were more likely to use the conformity mode in adopting children than parents with low perceptions of eligibility. Furthermore, parents with low perceptions of eligibility were more likely to adopt children without the aid of a U. S. adoption agency. That is, they were more likely to enter into either an independent adoption or an overseas adoption.

The PES was pretested at a meeting of military parents of adopted children. The responses from the parents resulted in minimal changes in the final form of the Scale. The purpose of the pretest was:

1. to ascertain the ease/difficulty of responding to the statements in the Scale,
2. to assess the face validity of the items in the Scale,
3. and to obtain comments for improving the Scale.

The third independent variable, the age of the child at adoption, was measured on an interval scale as reported by the parents on the questionnaire. The age of the child at adoption was felt to be important in that several authors, Murray (1984), Feigelman and Silvermaï (1984), and Barth et al. (1986), have concluded that the age of the child at adoption could affect the outcome of the adoption. On the other hand Kim (1977) did not find age at adoption to have a significant influence on the adoption outcome.

Control Variables

Attempts were made to control the influence of two other variables, the inracial/transracial nature of the adoption and the fertility/infertility status of the couple. In general, past studies have shown that children in transracial adoptions fare as well as children in inracial adoptions (Fanshel, 1972. Kim, 1977, Kadushin, 1978). However, some authors have suggested that children of transracial adoptions may not have adequate role models and that the lack of a social identity would become more pronounced as these children moved into adulthood (Chestang, 1972, McRoy, 1981, Simon, 1984).

Fertile parents have been shown to be different from infertile parents in their motives for adopting children (Kirk, 1981, Feigelman and Silverman, 1979, and Churchill, Carlson, and Nybell, 1979). The author, therefore, decided to control for this variable also.

Hypotheses

The study was designed to measure the methods Air Force families used to adopt children and the adjustment of the children in these families. The literature review suggested that families with lesser eligibility would be more inclined to use non-agency or non-conformity methods of adoption. In addition, the literature also suggested that the adjustment of the child would be influenced by the age at which he or she was adopted as well as the methods used by the parents to adopt the child. Four hypotheses were selected to guide this study:

Hypothesis 1

Parents who have high perceptions of eligibility will be more likely to use the conformity mode of adaptation.

Hypothesis 2

Parents who have low perceptions of eligibility will be more likely to use the innovation or rebellion mode of adaptation.

Hypothesis 3

The level of adjustment of the child will be higher for the conformity parents than for the non-conformity (innovation or rebellion) parents.

Hypothesis 4

The combination of the younger the child at adoption and the use of the conformity mode of adaptation will be positively associated with high levels of adjustment of the child.

Plan of Analysis

The data from the questionnaires were coded and entered into the Catholic University's VAX computer system where it was analyzed using the Statistical Package for the Social Sciences, SPSS-X (SPSS Inc., 1986). Measures of central tendency, frequencies, and percentages were obtained and were used to describe the parents, the children, and the adoptions. The hypotheses were subjected to several tests to determine significance of the results. The $p = .05$ level of significance was established for all the tests.

Tests of Significance

The t -test was used when a measure of significance between two means was needed. The t -test was used when the data were interval level measures (scores) and the groups were independent.

Analysis of variance (ANOVA) was used when a measure of the significance between the means of more than two groups was needed. Analysis of variance was the preferred test when one of the variables

was measured on an interval scale, and when the groups were independently selected. This was the case when analysis of variance was used to measure the significance in the difference between the mean Symptom Scale scores for the agency, independent and overseas groups.

Chi-square was used to test the independence or association between two groups or two variables. Chi-square was significant when the observed frequency differed greatly from the expected frequency. Although chi-square did not measure the strength of the relationship, it did measure whether a relationship existed and/or whether the groups came from the same or different populations. Loether and McTavish (1974) state that chi-square is appropriate when the observations are independent, the measures are nominal-level measurements, and the expected frequency of each cell is at least five (p. 219).

The Pearson product-moment coefficient of correlation was used to measure the strength of the relationship between two variables. The Pearson correlation coefficient was obtained on variables that represented independent observations, were measured on an interval scale and were based on samples selected randomly. Although the study sample was not selected in a random fashion, every effort was made to achieve as representative a sample as possible. The pool of available respondents was composed of individuals who saw the advertisements or heard of the study. Had there been an enormous number of respondents a random selection process would have been used to select the sample. As it turned out, the 107 respondents were more than the minimum of 60 established by the author for this study, but less than the ideally hoped for number. Therefore, all respondents were given an opportunity to participate in the study, resulting in 92 valid families for the

study. Through this process of self-selection, only those families who desired to participate in the study responded to the advertisement. And it is quite possible that those who chose not to respond to the advertisements would also not have responded to questionnaires sent to them had there been a method of selecting a sample from an identified population of Air Force adoptions. Therefore, the resulting sample was considered to be representative of the overall population.

Multiple regression analysis (MRA) was used to measure the strength and influence of the independent variables on the dependent variable. The use of multiple regression analysis was especially appropriate because of its ability to assign an importance to and predict the impact of several variables on the dependent variable. According to Kachigan (1986), multiple regression analysis can be used:

1. to determine whether or not a relationship exists between two variables,
2. to describe the nature of the relationship, should one exist, in a mathematical equation,
3. to assess the degree of accuracy of description or prediction achieved by the regression equation, and
4. to assess the relative importance of the various predictor variables in their contribution to variation in the criterion variable. (p. 239)

Preparation of the Data for Analysis

The 92 returned questionnaires were coded by the author and entered into The Catholic University of America computer system in a format acceptable for SPSS-X calculations. This simplified the calculation process and resulted in rapid and systematic analyses of the data.

The coding process began in May 1987 and was completed by August 31, 1987, the cutoff date for the receipt of questionnaires. Missing

data were minimal and were coded as "missing" and, for the most part, were not entered into the computations. However, on four occasions where the missing data affected the total score on a scale, the group mean was entered as the missing values, so as not to influence the overall group score. This occurred twice on question #29 of the Symptom Scale. Two respondents failed to answer this question, and therefore, the group mean was entered for the missing data. Missing data also occurred once on one question of the Silverman Scale and on one question of the Perception of Eligibility Scale. The missing data were recoded as the group means in both instances.

Summary

The lack of a data base for Air Force families who have adopted children led the author to publicize the study in various media to recruit volunteers. A total of 107 families responded to the author's request for volunteers for the study. Ninety-two usable questionnaires were obtained, representing a 92% return rate. The questionnaire elicited information on the adoption and also included measures of adjustment and perception of eligibility. The data from the questionnaires were coded and entered into the University's SPSS-X statistical program. The results will be presented in the next chapter.

DESCRIPTIVE CHARACTERISTICS OF THE STUDY POPULATION

A description of the study population is presented in this chapter. The data were derived from the questionnaire that was sent to the respondents and consisted of demographic data as well as responses to questions on various scales. The data also elicited opinions on adoption related issues. The variables examined in this study are also discussed.

Description of the Sample

Demographic data for the husbands, wives, and adopted children are described using frequencies, percentages, and measures of central tendency and variance.

Age

Tables 4.1 thru 4.4 show the age distributions for the husbands and wives, both at the time of adoption and at the time of the present study. The husbands' present ages ranged from 26 to 70 years, with a mean of 40.97 years. At the time of adoption the husbands averaged 32.36 years of age. The wives' present ages ranged from 26 to 67 years, with a mean of 39.37 years. At the time of the adoption the wives averaged 30.76 years of age. The wives were younger than their husbands, and the majority of husbands and wives were still within their childbearing years at the time of the adoption. Interestingly, the average age of the couples at adoption in this study were younger than the couples in the Fanshel study by about 3 years (Fanshel, 1972). This may suggest that Air Force couples start the adoption process sooner or may obtain a child much sooner than their civilian counterparts.

Table 4.1

Age Distribution of the Husbands at the Time
of the Study

Age	N	%
25-29	7	7.7
30-39	38	41.3
40-49	34	37.0
50-59	8	8.7
60 and over	5	5.5
Total	92	100.2

Note. Not 100 percent because of rounding

Table 4.2

Age Distribution of the Husbands at the Time
of the Adoption

Age	N	%
25-29	27	29.3
30-39	59	64.1
40-49	6	6.6
50-59	0	0.0
60 and over	0	0.0
Total	92	100.0%

Table 4.3

Age Distribution of the Wives at the Time
of the Study

Age	N	%
25-29	9	9.8
30-39	44	47.8
40-49	26	28.6
50-59	9	9.8
60 and over	4	4.4
Total	92	100.1

Note. Not 100 percent because of rounding

Table 4.4

Age Distribution of the Wives at the Time
of the Adoption

Age	N	%
25-29	34	37.0
30-39	55	59.7
40-49	3	3.3
50-59	0	0.0
60 and over	0	0.0
Total	92	100.0%

Tables 4.5 and 4.6 show the age distributions for the adopted children. The ages of the children at adoption ranged from one to one hundred fifty-one months, with a mean of 13.13 months. The five children (6%) who were adopted between the ages of 5 and 12 had a disproportionate influence on the mean age at adoption. When these five children were removed from the computations, the mean age for the children at adoption fell to 7 months. As Table 4.5 shows, many of the children in this study (62%) were adopted within the first 3 months of life. This finding suggests that the majority of the families in this study were able to adopt children who were relatively young.

Table 4.5

Age of the Child at Adoption

Age			Number	Percent
0 mos	to	3 mos	57	62.0 %
4 mos	to	6 mos	11	11.9 %
7 mos	to	9 mos	4	4.4 %
10 mos	to	12 mos	1	1.1 %
13 mos	to	24 mos	7	7.7 %
25 mos	to	36 mos	3	3.3 %
37 mos	to	48 mos	1	1.1 %
49 mos	to	60 mos	3	3.3 %
60 mos and over			5	5.5 %
			92	100.3 %

Note. Not 100 percent because of rounding

The adopted children's present age ranged from one to thirty-five years, with a mean of 9.48 years. Table 4.6 shows the distribution of

the children by age. Approximately 10% of the adoptees were 20 years or older, while 64% of the adoptees were still below the age of 11. This represents a relatively young sample, the majority of whom have not yet experienced adolescence.

Table 4.6

Age of the Child at the Time of the Study

Age	Number	Percent
1 - 5 years old	38	41.3%
6 - 10 years old	21	22.8%
11 - 15 years old	9	9.8%
16 - 20 years old	15	16.3%
over 20 years old	9	9.8%
Totals	92	100.0%

Race of Family Members

Table 4.7 gives the race distribution for the families. The majority of the parents and children were white. Ninety-five percent of the husbands were white, three percent were black, and an additional two percent were oriental. The race of the wives were similar with 95% white, 2% black and 3% oriental. The adopted children, on the other hand, were represented by a greater percentage of minorities. Fifty-eight percent of the adopted children were white, 23% were oriental, 10% were Hispanic and 5% percent were black. Four children were in the "other" category.

The large number of oriental children reflected the greater number of transracial adoptions that were completed overseas. Table 4.8 shows the chi-square distribution for the race of the child with the type of

adoption. It indicates that more oriental children than expected were adopted by non-agency adopters. Although this finding was significant, chi-square (4, $N = 92$) = 19.59, $p = .001$, it must be viewed with caution because four of the cells contained less than five subjects.

Table 4.7

Race of Family Members

	Husband		Wife		Child	
	N	%	N	%	N	%
White	87	94.6	87	94.6	53	57.6
Black	3	3.3	2	2.2	5	5.4
Hispanic	0	0.0	0	0.0	9	9.8
Oriental	2	2.2	3	3.3	21	22.8
Other	0	0.0	0	0.0	4	4.3
Total	92	100.1%	92	100.1%	92	99.9%

Note. Not 100 percent because of rounding

Table 4.8

Racial Distribution of Children by Mode of
Adaptation (Agency vs. Non-Agency)

	Agency	Non-Agency
White	38	15
Black	5	0
Hispanic	7	2
Oriental	5	16
Other	3	1
Total	58	34

(Chi-square = 19.59; $df = 4$; $p = .001$)

Education

Table 4.9 shows the highest level of education achieved by the parents. The husbands were relatively well-educated with approximately 60% of them having obtained at least a master's degree. The wives, on the other hand, were less well-educated and appeared to trail their husbands in the level of education. Only 15% of the wives had a master's degree; and none of the wives possessed a doctorate. However, 54% of the wives in the present study graduated from college. This surpassed the education level of the wives in the Silverman (1980) and Fanshel (1972) studies. Silverman reported that 32-37% of the wives in his study had graduated from college. Fanshel reported 29% of the wives in his study had graduated from college. The larger percentage of college graduates in this study is probably due to the large number of officer families participating in this study, rather than the increase in education level in the general population between 1972 and 1987.

Military Service

Table 4.10 shows the rank distribution for the military member. The sample consisted of 90 husbands and five wives who were in the Air Force. (Because the majority of military members were males, the male gender will be used when referring to the military member). The majority of the husbands (74%) were officers, which accounts for the greater education level for the husbands. Most of the officers were in the O-4 to O-6 range which suggests that they have been in the Air Force for at least 12 years. Individuals can be commissioned as officers following graduation from college. The entry level for an officer in the Air Force is a second lieutenant, with the pay grade of an O-1. An officer is promoted to the next higher rank following a minimum number

Table 4.9

Level of Education for the Adoptive Parents

	Husband		Wife	
	N	%	N	%
Some High School	0	0.0	2	2.2
High School Graduate	4	4.4	14	15.2
Some College	17	18.5	26	28.3
College Graduate	7	7.6	22	23.9
Some Graduate Work	9	9.8	14	15.2
Master's Degree	43	46.7	14	15.2
Doctorate Degree	12	13.0	0	0.0
Totals	92	100.0%	92	100.0%

of years of experience in a pay grade and selection for promotion by a review board. Officers typically are supervisors or managers, or function within a profession (physician, lawyer, pilot). Promotion to 0-4 generally occurs during the 12-14 year period.

An enlisted person, on the other hand, can enlist in the Air Force with a minimum of a high school diploma. Enlisted persons function as technicians (mechanics, laboratory technicians, administrative clerks) and can move into middle management positions with seniority and promotions. Enlistment is for a period of four years, and can be renewed every four years if the individual is progressing adequately. Promotion for an enlisted person is based on years of experience in a pay grade, in addition to attainment of minimum scores on promotion tests, and in the case of higher grades, selection by a promotion board. The entry level for an enlisted person is the E-1 pay grade. All the

Table 4.10

Military Rank Distribution

Rank of Member	Husband		Wife	
	N	Percent	N	Percent
E-1 thru E-3	0	0.0	0	0.0
E-4 thru E-6	12	13.0	0	0.0
E-7 thru E-9	10	19.8	1	1.1
O-1 thru O-3	24	26.0	1	1.1
O-4 thru O-6	43	46.8	3	3.3
O-7 thru O-10	1	1.1	0	0.0
N/A	2	2.2	87	94.6
Total	92	100.0%	92	100.1%

Note. Not 100 percent because of rounding
enlisted persons in this study were between the ranks of E-5 and E-8.
This meant that most would have been in the Air Force for at least 8
years.

At the beginning of fiscal year 1987 there were approximately 109,000 officers and 495,000 enlisted persons on active duty in the Air Force ("An Air Force Almanac", 1987, p. 82). However, as seen from Table 4.10, there was a disproportionately large number of officers in comparison to the number of enlisted person in this study. And even though the enlisted population was composed of a larger proportion of younger, unmarried individuals than the officers, this did not entirely explain the smaller ratio of adoptions for the enlisted population. A t-test between the mean PES scores for the enlisted (\bar{M} = 31.14) and the officer groups (\bar{M} = 28.19) was not significant and suggested that the

enlisted individuals felt as eligible for an agency adoption as the officers.

Table 4.11 gives the years of service for the husbands. An officer or enlisted person can usually retire after 20 years of active duty. This accounts, in part, for the large number of individuals who completed 20-24 years of active duty (26%). Individuals who retire are entitled to receive 50% of their base pay as retirement income each month. Although many choose to retire after 20 years, some individuals continue on active duty up to 30 years, and can receive up to 75% of their base pay for retirement. While enlisted men and officers can both retire after 20 years, the salary difference between an enlisted person and an officer can be substantial, with the officer sometimes earning twice as much as the enlisted person.

Table 4.11

Years of Military Service for the Husband

Years	N	%
4 - 9	9	10.0
10-14	23	25.6
15-19	24	26.6
20-24	23	25.6
25-29	7	7.7
30 and over	4	4.4
Missing	2	0.0
	92	100.0%

Religion

Table 4.12 gives the distribution for the religion of the parents. Forty-seven of the husbands (51%) were Protestants and 32 (35%) were

Catholics. Seven husbands had no religious preference and four were Mormons. There was one individual who was Jewish and one Christian Scientist among the husbands.

The distribution among the wives was very similar to the husbands. Fifty of the wives (54.3%) were Protestant, 33 (35.9%) were Catholics, and four (4.3%) were Mormons. Three wives had no religious preference; and there were two Christian Scientists among the wives. The religious distribution of parents in the present study may be more representative of the religious distribution in military populations than of other adoption studies. For example, Weaver (1975) found 62% Protestants, 32% Catholics, and 1% Jewish members in his sample of military officers. And Atwood's (1984) sample of former wives of retired military personnel was made up of 66% Protestants, 26% Catholics, 4% Jewish, and 4% claiming another religion. Fanshel (1972), on the other hand, found approximately 70% Protestants, 10% Catholics, and 12% Jewish families in his sample of adoptive parents.

Fertility status

One variable, fertility status (FSTAT), was measured by asking the parents to select a response that described their status at the time of the adoption. Seventy-six couples (83%) were infertile and unable to have children of their own, while 14 couples (15%) were fertile but preferred adoption over having children of their own. Two couples (2.2%) failed to answer this question. The *t*-test was used to measure the differences between the mean Symptom Scale scores and the PES scores for the fertile and infertile groups. In both cases the results were not significant. Fertility did not appear to influence a couple's perception of eligibility nor did it influence the child's adjustment to the adoption.

Table 4.12

Religious Preference of the Parents

	Husband		Wife	
	N	%	N	%
Protestant	47	51.1	50	54.3
Catholic	32	34.8	33	35.9
Mormon	4	4.3	4	4.3
Christian Scien.	1	1.1	2	2.2
Jewish	1	1.1	0	0.0
None	7	7.7	3	3.3
Totals	92	100.1%	92	100.0%

Note. Not 100 percent because of rounding

Racial Nature of the Adoption

The variable, RACE, specified the racial nature of the adoption. If the child was of the same race as either one of the parents, this was defined as an inracial adoption. If the race of the child was different from either of the parents, this was defined as a transracial adoption.

Of the 92 adoptions, 55 (59.8%) were inracial and 37 (40.2%) were transracial. (There were five interracial marriages among the 92 couples). A greater proportion of transracial adoptions occurred in the overseas group than either of the other two groups, and a greater number of inracial adoptions occurred in the agency and independent groups than in the overseas group. Table 4.13 gives the chi-square values for these adoptions. The chi-square, $(2, N = 92) = 21.40$, $p = .001$, was significant. This means that the number of adoptions occurring in each category was different from the expected frequency. This finding must be viewed with caution as one cell had less than the required minimum of 5 subjects.

Table 4.13

Comparison of Mode of Adaptation by the Racial
Nature of the Adoption

	Inracial Adoption	Transracial Adoption	Row Total
Agency	40	18	58 (63.0%)
Independent	9	0	9 (9.9%)
Overseas	6	19	25 (27.2%)
Column Total	55 (59.8%)	37 (40.2%)	92 (100.0%)

(Chi-square = 21.40; df = 2; p = .000).

Of interest also was the fact that there were no independent transracial adoptions in this study. This may indicate that biological parents in independent adoptions have some control or interest in placing their child with adoptive parents who are the same race as their child. Or it could also indicate that adoptive parents in independent adoptions are more selective and prefer a child of the same race as themselves.

Table 4.14 compares the fertility status of the adoptive parents and the racial nature of the adoptions. In general, infertile couples tended to adopt inracially while fertile couples tended to adopt transracially. This difference was supported by chi-square, (1, N = 92) = 9.10, p = .003. This suggests that fertile couples adopted transracially while infertile couples adopted inracially, more often than was expected by chance alone. The relationship between fertility and the racial nature of the adoption corresponds with earlier studies that have shown infertile parents were more likely to adopt inracially,

while fertile parents were more likely to adopt transracially (Feigelman and Silverman, 1979; Zastrow, 1977; Falk, 1970).

Table 4.14

Comparison of Fertility Status of the Parents
by the Racial Nature of the Adoptions

	Inracial Adoption	Transracial Adoption	Row Total
Fertile	3	11	14 (15.6%)
Infertile	52	24	76 (84.4%)
Column Total	55 (61.1%)	35 (38.9%)	90 (100.0%)

(Chi-square = 9.10; df = 1; p = .003)

Adoption Process

The parents were asked, "Have you ever made a formal application with:

1. A private U. S. adoption agency
2. A public U. S. adoption agency
3. Both a private and public U. S. adoption agency
4. Neither a public nor private U. S. adoption agency."

Thirty-six percent of the families had made formal applications with a private adoption agency, 24% with a public adoption agency, and 22% had applied to both private and public adoption agencies. Seventeen percent of the families had never applied to any adoption agency. It appears that the majority of these Air Force families have attempted to use the agency route to adoptions.

Of the 75 families (82%) who had made applications with adoption agencies, 17 or 19% of these families stated that they had been refused

an adoption by the agency. Six families, or about one-third of those who were rejected, were refused an adoption by an agency because of military moves or residence requirements. It would appear, then, for military families that military moves or residence requirements do affect a couple's chances of adopting a child through an agency.

Children with Special Needs

Adoption of special needs children. Thirteen of the families using adoption agencies adopted a special needs child. Special needs children are children whose adoption is held up because of certain barriers: ethnic background, age, membership in a sibling group, membership in a minority group, or a physical or mental handicap. One child in this study was an older child, four were minority children, two were handicapped, and six were handicapped, older children.

The adoption of children with special needs was accelerated by the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) which provided subsidies for families adopting special needs children (Waldinger, 1982). Nine children with special needs in this study were adopted in 1980 or prior to 1980, while 4 children with special needs were adopted after 1980. The smaller number of post-1980 adoptions would suggest that this Act has not had much of an impact on adoptions by Air Force families.

When the children with special needs were compared with the children without special needs, the special needs children ($M = 18.62$) had a significantly higher mean Symptom Scale score than the non-special needs children ($M = 8.21$), $t(63) = 3.96$, $p = .000$. This finding must be viewed with caution because of the small number of special needs cases (13). Nonetheless, it does suggest that special needs children,

despite the unique placement considerations given to age, minority status or handicapping conditions, will continue to perform or adjust at a level that is below that expected for a non-special needs child.

Preference for special needs children. The couples were asked whether they would have considered a special needs child at the time they first discussed adoption. They were asked to select one of the following responses for various categories of special needs children:

1. definitely would consider adopting
2. would consider adopting with reservations
3. undecided
4. would prefer not to consider adopting
5. definitely would not consider adopting.

The results of the questionnaire showed that 99% of the couples definitely would adopt a child without any physical or mental handicaps (one couple was undecided). However, while 76% of the couples would consider adopting a child with a slight physical or mental handicap, only 30% of the couples would consider adopting a child with a moderate physical or mental handicap. And many of these couples had reservations about adopting this type of a child.

More importantly, only 2% of the couples would consider adopting a child with a severe physical or mental handicap (with 92% opposed to such an adoption). Therefore, even though military medical care is free and available, this did not influence the parents into adopting severely handicapped children. In fact, as mentioned earlier, a handicapped child could become a liability for the military member and prevent him from taking a choice assignment because medical care for that child might not be available at the new location. That member may then need to take an unaccompanied tour to fulfill his assignment responsibilities

or select a less rewarding assignment. Since certain assignments afford increased promotional opportunities, military members may be reluctant to jeopardize their careers and restrict their assignment possibilities by adopting a severely handicapped child.

The age of a child was another factor that influenced adoptions for these couples. Ninety-seven percent of these couples considered adopting a one year old or younger child. And while eighty-six percent of the couples considered adopting a 2-5 year old child (47% with reservations), only 24% considered adopting a 6-10 year old child. Only 9% considered adopting a child older than 10. This finding parallels that of other studies which show that adoptive couples desire younger children much more frequently than older children. For example, Kadushin (1974) found that a child of five was considered "old"; and that older children made up a sizeable group of adoptable but hard-to-place children (p. 582).

The race of the child can also affect his or her adoptability by an Air Force couple. Ninety-five percent of the couples would consider adopting a white child. Sixty-six percent would adopt an oriental child and 52% would adopt an Hispanic child, but only 25% of the couples would consider adopting a black child. While most of the couples who would consider adopting an Hispanic or oriental child felt positive about this adoption, only 10% of the couples felt as strongly about adopting a black child. For this study sample, then, the couples would be more inclined to transracially adopt an oriental or Hispanic child before they would adopt a black child. This has some serious practice implications, especially for adoptions of black children and the lack of adoptive homes for these black children. This lack of adequate adoptive

homes for black children has been amply supported by past research (Aldridge, D. P., 1979; Simon, R., 1984; Herzog, E., Sudia, C. E., and Harwood, J., 1979).

Support Services

The parents were asked to assess the helpfulness of different military and civilian individuals and agencies by assigning one of the following choices to the individuals or agencies that were listed:

1. very helpful
2. helpful
3. moderately helpful
4. slightly helpful
5. not helpful at all
6. had no contact with this person/office

Eighty-five percent of the couples reported their friends to be the most helpful during the adoption process. This is consistent with Feigelman and Silverman's (1983) study which reported friends to be the most helpful to the adoptive couples. The adoption agency personnel and the civilian social worker were seen as the most helpful professionals according to these families. Eighty-four percent of the families received some help from adoption agency personnel and 70% received some help from a civilian social worker. Also seen as helpful were civilian lawyers (67%), co-workers (66%), military physicians (61%), the wife's parents (58%) and the husband's parents (51%).

The families did not perceive the military agencies to be as helpful as their civilian counterparts. Only 38% of the families found the military chaplain to be of some help, while 30% and 11%, respectively, of the families found help from the military lawyer and the military social worker. What was more troubling was that 85% of the

families had no contact with the military social worker, 61% had no contact with the military lawyer, and 59% had no contact with the military chaplain. It would appear, then, that Air Force families adopt children through their own resources and are either not aware of the services offered by these military professionals or do not perceive these individuals as being able to offer any adoption assistance. (It is also not known whether these military professionals were equipped to offer adoption assistance to these families).

One could argue that the help obtained from the adoption agency personnel, the civilian social worker, and the civilian lawyer were sufficient for these families and therefore the families did not need additional help from military professionals. But while it is possible that the assistance provided by the civilian professionals was thorough and sufficient, one would also expect that these families would at least make an initial contact with these military professionals.

Summary

The typical Air Force husband in this study was white, Protestant, and well-educated. Ninety-six per cent of the husbands had some college education. The typical husband was 41 years old and would most likely be an officer, with approximately 17 years of service.

The typical wife was also white, Protestant, and well-educated. Eighty-four per cent of the wives had some college education. The typical wife was 39 years old and was not likely to be on active duty in the Air Force. Only five of the wives were in the military.

The adopted child of this couple would have an even chance of being of either sex. While the majority of the children were white, there was a greater percentage of minority children as compared to the parents.

Most of the children were adopted before the age of six months and the average age of an adopted child at the time of the study was 9.48 years.

The majority of the families adopted children through adoption agencies in the U. S. and most of these adoptions were intracial adoptions by infertile parents. While there were a number of special needs children in this study, the parents also tended to avoid special needs adoptions. Most families had not known about military sources of assistance, had not used them, or did not find them to be particularly helpful. The implications of these findings for social work practice will be examined in the final chapter.

CHAPTER V

THE STUDY FINDINGS

This chapter will discuss the findings of the study relative to the mode of adaptation used by the adoptive parents and the scales that were used in the study. Also included in this chapter are the results of the hypotheses that were tested. The following hypotheses were tested:

Hypotheses

1. Hypothesis 1: Parents who have high perceptions of eligibility will be more likely to use the conformity mode of adaptation.
2. Hypothesis 2: Parents who have low perceptions of eligibility will be more likely to use the innovation or rebellion mode of adaptation.
3. Hypothesis 3: The level of adjustment of the child will be higher for the conformity parents than for the non-conformity (innovation or rebellion) parents.
4. Hypothesis 4: The combination of the younger the child at adoption and the use of the conformity mode of adaptation will be positively associated with high levels of adjustment of the child.

Mode of Adaptation

The independent variable, mode of adaptation, represented the couple's method of completing an adoption. A couple adopting a child through either a public adoption agency (20 couples) or a private adoption agency (38 couples) were identified as using the conformity mode of adaptation. There were a total of 58 couples using this mode of adaptation. Couples who adopted children independently were considered to be using the rebellion mode of adaptation (9 couples). And couples adopting children overseas were categorized as the innovation mode of adaptation (25 couples). The rebellion and innovation modes were

combined into the non-conformity mode and comparisons were made with the conformity group. Analysis of variance was used to measure the variance in mean scores on the Perception of Eligibility Scale (PES) for the four groups, which was found to be significant, $F(3, 91) = 8.29, p = .000$.

Table 5.1 shows the analysis of variance data for these four groups.

This indicates that parents who adopted independently perceived themselves as having less eligibility for an agency adoption than parents who adopted through agencies or overseas.

Table 5.1

Comparison of Perception of Eligibility by
Method of Adoption

Method of Adoption	N	Mean	S.D.
Public Agency	20	31.05	7.05
Private Agency	38	29.18	6.08
Independent	9	18.89	4.23
Overseas	25	29.68	6.83
Total	92	28.72	7.10

(F -Ratio = 8.29; $df = 91$; $p = .000$)

A t -test was used to measure the difference between the mean PES scores of the public and private adoption agency (conformity) and the independent and overseas adoptions (non-conformity). The public and private adoption agency groups were combined into one category as they both reflected the conformity mode of adaptation as described in the methodology section. The independent and overseas groups were combined into one category in order to compare them with the conformity adoptions on Hypotheses 1 and 2. As predicted, the conformity group ($M = 29.83$) had a significantly higher mean Perception of Eligibility Scale score

than the non-conformity group ($\bar{M} = 26.82$), $t(90) = 1.99$, $p = .050$.

Table 5.2 gives the T -values for these groups. However, as seen from the analysis of variance data, the majority of the variance was attributed to the independent group which had much lower PES scores than the other three groups. This suggested that the independent group was quite different from the other groups and that the parents who adopted independently perceived themselves as being less eligible for an agency adoption than the other parents.

Table 5.2

Comparison of Perception of Eligibility Scale
Scores for the Conformity and Non-Conformity Groups

	N	Mean	S.D.
Conformity	58	29.83	6.44
Non-Conformity	34	26.82	7.85
Total	92		

(T -Value = 1.99; $df = 90$; $p = .050$)

Table 5.3 shows the chi-square distribution for the PES scores for the public and private agency, independent, and overseas adoptions. It is evident from this distribution that the couples who completed agency or overseas adoptions tend to cluster around the moderate PES score range while the couples completing independent adoptions tend to score much lower. The chi-square, $(4, N = 92) = 25.95$, $p = .000$, was significant. Two cells did not contain the required minimum of subjects and caution must be used in interpreting these results.

Table 5.3

Distribution of Perception of Eligibility Scale Scores
for the Agency, Independent, and Overseas Adoptions Groups

	Percep			Row
	Lo	Mod	Hi	Total
Agency	8	42	8	58 (63.0%)
Independent	8	1	0	9 (9.8%)
Overseas	5	15	5	25 (27.2%)
Column	21 (22.8%)	58 (63.0%)	13 (14.1%)	92 (100.0%)
Total				

(Chi-square = 25.95; df = 4; p = .000)

Study Scales

Silverman Scale

The Silverman Scale was included in this study in an attempt to replicate Silverman's earlier efforts of using a shortened scale to measure adjustment. A. R. Silverman (personal communication, February 4, 1986) concluded that the three item Scale he used in his 1980 study possessed "adequate reliability" and was a good indication of adjustment/maladjustment. A description of this and the other scales used in this study is presented in Table 5.4.

The Silverman Scale consisted of three items which, when answered by the parents, summarized the difficulties experienced by the adopted child. The sum of the three items ranged from a low of 0 (no problems) to a high of 10 (many problems). The mean score obtained in the present study was 3.36. The median and mode were 3.00 and 1.00, respectively. The relatively low scores suggested that the parents in this study reported few problems with the adoption (low maladjustment).

The present study showed Silverman's Scale to have a Cronbach's alpha coefficient was .808. A Pearson correlation between the Silverman Scale and the Symptom Scale ($r = .758$) was significant at the $p = .000$ level (see Table 5.5). The high positive correlation between Silverman's and Fanshel's Scales was indicative of their linear relationship and gave further evidence that Silverman's Scale, though short, was a good indicator of adjustment.

Table 5.4

Description of Scale Scores for this Study

	Cronbach's alpha	Mean	Median	S.D.
Silverman Scale	.808	5.35	5.00	2.47
Perception of Eligibility	.845	28.78	30.00	7.07
Symptom Scale	.896	9.83	8.00	8.77

Perception of Eligibility Scale

The Perception of Eligibility Scale (PES), as described in an earlier section, was constructed by the author for this study. The PES scores obtained in this study ranged between 13 and 42 out of a possible range of 10 to 50. The mean score obtained by the study sample was 28.78. The median and mode were both 30.00. The study population, therefore, had a moderate perception of themselves as eligible for agency adoptions. The Cronbach's alpha coefficient for the PES was .845.

Table 5.5

Relationships Between the Study Scales

	Score	PES	Silver	CAGETM	CMAGE
Score	1.00				
PES	.1470	1.00			
Silver	.7582*	.1094	1.00		
CAGETM	.3925*	.0448	.4590*	1.00	
CMAGE	.2840*	.2772*	.2909*	.2011	1.00

* $p < .05$ Note. Definitions of variables in Table 5.5:

Score Score on the Symptom Scale.

PES Perception of Eligibility Scale score.

Silver Score on the Silverman Scale.

CAGETM The age of the child at adoption.

CMAGE The present age of the child.

Factor analysis was employed in this study to determine whether there were any distinct dimensions of the perception of eligibility (Appendix C). Five variables loaded on the first factor, "qualifications", four variables loaded on the second factor, "agency assessment", and one variable loaded on the third factor, "military discipline".

The first factor, "qualifications" described the couple's belief in their basic qualifications as adoptive parents. Although the military life-style did pose some barriers to adoption, these families were able to overcome these obstacles and adopt children, largely because they possessed qualities desired by adoption agencies of their applicants.

Factor 2, "agency assessment" represented the view that acceptability as adoptive parents depended more on the perspective of

the agency and its conception of the couple as a military family, than the couple's qualifications as adoptive parents.

The third factor, 'military discipline' referred to traits associated with the military life style. The strength of this third factor is questionable as only one variable loaded on this factor and the eigenvalue of 1.07 represented only 10.7% of the variance. This was barely above the 10% minimum variance required by some authors for extrication as a factor. Therefore, it was apparent that perception of eligibility was comprised of two major factors, "qualifications" and "agency assessment".

Symptom Scale

The Symptom Scale used in this study is identical to the Series IV Symptom Checklist developed by Fanshel (1972) to measure adjustment of adopted children. In completing this Scale, the parents selected answers that best described their adopted child on a series of symptoms. A low score represented good adjustment while a high score was an indication of poor adjustment. The scores in this study ranged from 0 to 45 (out of a possible 66). The mean and median were 9.83 and 8.00, respectively. The mode was actually bi-modal with .00 and 8.00 the most frequent total scores. The standard deviation was 8.77 and the Cronbach's alpha coefficient was .894. These statistics suggest that overall, the study population reported relatively few symptoms, which was indicative of good adjustment.

A comparison of the scores obtained in this study with Fanshel's (1972) suggests that the subjects in the present study tended to report more symptoms. For his study Fanshel reported a mean of 7.932, a mode of 7.00 and a standard deviation of 5.701. The higher score for the

present study may have been related to the greater number of special needs children included in the study. When the 13 identified special needs children were compared with the 52 non-special needs children, the difference between the means for the special needs children ($M = 18.62$), and the non-special needs children ($M = 8.21$), was significant, $t(63) = 3.96$, $p = .000$. This finding indicates that the parents of special needs children reported more symptoms than the parents of non-special needs children.

The Symptom Scale score had a moderate correlation with the age of the child at adoption. The correlation obtained in this study ($r = .389$), though, was quite a bit higher than the correlation reported by Fanshel ($r = .22$) in 1972 (p.221). This finding is consistent with other literature that views the age of the child at adoption to have a significant influence on the adjustment of the child (Feigelman and Silverman, 1983; Zastrow, 1977).

When the children who were 10 years of age and younger ($N = 59$), at the time of the study, were compared with the children 11 years of age and older ($N = 33$), the mean Symptom Scale scores were 7.86 and 12.85, respectively. A t -test revealed that the difference between the means was significant at the $p = .009$ level. This finding is especially notable as several authors have discounted adolescence as a source of problem for the adopted child (Kim, 1978, Feigelman and Silverman, 1984, Brodzinsky, Schechter, Braff, and Singer, 1984). However, in light of the controversy surrounding the turmoil of adolescence, this finding would suggest that this period may be more important than was previously considered. Further research may be necessary to resolve this controversy.

Testing of the HypothesesHypothesis 1

Parents who have high perceptions of eligibility will be more likely to use the conformity mode of adaptation.

Conformity was defined as a private or public agency adoption and non-conformity as an overseas or an independent adoption. A comparison of the mean PES scores, between the conformity group ($M = 29.83$) and the non-conformity group ($M = 26.82$), was significant, $t(90) = 1.99$, $p = .050$. In other words, the parents' scores on the PES differed depending on the use of the conformity or non-conformity modes of adaptation. The higher mean score for the conformity group indicated that the conformity group perceived themselves as more eligible for an agency adoption than the non-conformity group. Therefore, Hypothesis 1 was supported.

Hypothesis 2

Parents who have low perceptions of eligibility will be more likely to use the innovation or rebellion mode of adaptation.

Hypothesis 2, as stated, was only partially supported by analysis of variance as the independent group did score significantly less on the PES than either the conformity or the overseas groups. Table 5.1 reported the summaries for the analysis of variance results on the mean PES scores for the various groups. Examination of the mean PES scores showed that the independent adoption group, with a mean of 18.89, was much lower than the other groups. This difference was significant, $F(3, 91) = 8.29$, $p = .000$. Therefore, it can be concluded that the independent adoption group perceived themselves as being less eligible than either the agency or overseas groups for an agency adoption and

this may have influenced their use of the rebellion mode of adaptation in completing an adoption. The overseas parents, on the other hand, had PES scores similar to the agency groups. The overseas group, then, did not see themselves as having any lower perceptions of eligibility than the conformity group.

When the PES scores were categorized into low, middle, and high scores and tested using chi-square, the results were quite similar to the analysis of variance results. The chi-square test was used to determine the association between the selection of the conformity and non-conformity mode of adaptation with the level of PES score. Table 5.6 gives the frequency distribution and the chi-square score when the frequency distributions of these two groups are analyzed. The chi-square, $(2, N = 92) = 7.81, p = .020$, suggests that the differences in the groups were in fact greater than would be expected by chance alone. The conformity group had the greatest number of PES scores in the moderate range while the non-conformity group had the majority of scores in the moderate to low ranges. This difference became more evident when the independent group was compared with the conformity and overseas groups. As shown in Table 5.3, the independent group scored predominantly in the low range, indicating that an overwhelming number of independent parents rated themselves as much less eligible for agency adoptions than would be expected by chance alone.

The frequency differences between the agency, independent and overseas groups on the PES scores were significant, chi-square $(4, N = 92) = 25.95, p = .000$ (see Table 5.3). In other words, a systematic relationship existed between the use of conformity, rebellion, and innovation and the attainment of a high, medium, or low PES score,

Table 5.6

Chi-Square for the Perception of Eligibility
Scale Scores for Conformity and Non-Conformity Groups

	Percep			Row	
	Lo	Mod	Hi	Total	
Conformity	8	42	8	58	(63.0%)
Non-Conformity	13	16	5	34	(37.0%)
Column	21	58	13	92	(100.0%)
Total	(22.8%)	(63.0%)	(14.1%)		

(Chi-square = 7.81; df = 2; p = .020)

suggesting that the perception of one's eligibility can affect a couple's choice of an adoption method. In these data, couples with high perceptions of eligibility were more likely to attempt agency adoptions while couples with low perceptions of eligibility were more inclined to seek independent adoptions.

It is surprising that the agency and overseas groups scored so similarly. The author had expected that the perception of lesser eligibility would be positively related to adopting children overseas. However, it now appears that Air Force couples who adopt children overseas are not significantly different from Air Force couples who adopt children through agencies in the states, at least as measured by the PES. It is quite possible that Air Force families do not seek an overseas assignment for the purpose of completing an adoption but adopt children secondary to being in an overseas assignment. Therefore, hypothesis 2 was supported for the independent adoptions but was not supported for the overseas adoptions.

Hypothesis 3

The level of adjustment of the child will be higher for the conformity parents than for the non-conformity (innovation or rebellion) parents.

Several comparisons were done using the mean scores on the Symptom Scale. The mean scores for the conformity group was 10.38, and for the non-conformity group it was 8.88. A t-test disclosed no significant differences between the means of these two groups. In other words, the children of non-conformity parents adjusted as well to the adoption as children of the conformity parents.

Analysis of variance was also used to compare the mean Symptom Scale scores between the public and private agency, independent, and overseas groups, but this resulted in no significant findings either (see Tables 5.7 and 5.8). Therefore, Hypothesis 3 was not supported.

Table 5.7

Analysis of Variance Values for Symptom Scale Scores for Public Agency, Private Agency, Independent, and Overseas Adoptions

	N	Mean	S.D.
Public Agency	20	13.45	12.64
Private Agency	38	8.76	6.34
Independent Adoption	9	9.00	4.36
Overseas Adoption	25	8.84	9.10
Total	92		

(F-ratio = 1.63; df = 91; p = .189)

Comparisons of the Symptom Scale scores with the racial nature of the adoptions and with the fertility status of the parents was tested

Table 5.8

Analysis of Variance Values for Symptom Scale Scores
for Agency, Independent, and Overseas Adoptions

	N	Mean	S.D.
Agency Adoption	58	10.10	9.31
Independent Adoption	9	9.00	4.36
Overseas Adoption	25	8.84	9.10
Total	92		

(F-ratio = .2018; df = 91; p = .818)

but did not result in significant findings either. Analysis of variance for the Symptom Scale scores, controlling for the racial nature of the adoption and the fertility status of the parents was not significant.

These results suggest that children adopted by Air Force families independently and overseas are likely to adjust as well as children adopted through U. S. agencies. This is contrary to the author's expectations and to previous studies that have shown independent adoptions to have a lower adjustment rate when compared with agency adoptions. For example, Kadushin (1980a) did an extensive review of 20 adoption studies and found the failure rate for independent adoptions was 25% while the failure rate for agency adoptions was 15%. Further studies are needed to determine if the similarities of the two groups in this study can be supported over time.

Hypothesis 4

The combination of the younger the child at adoption and the use of the conformity mode of adaptation will be positively associated with high levels of adjustment of the child.

Multiple Regression Analysis (MRA) was used to examine the influence of several variables on the dependent variable (see Table 5.9). The age of the child at adoption, CAGETM, was the first variable entered using the stepwise method and indicated a significant relationship between CAGETM and the Symptom Scale score, $F(1, 92) = 14.83$, $p = .000$. Therefore, it can be said that 15.40% of the variance in the Symptom Scale score was contributed by CAGETM. The mode of adaptation was not entered into the equation and was not a significant factor in the regression.

Table 5.9

Multiple Regression Analysis of Symptom Scale Score

Variables					
Entered	R	R ²	Beta	F	Sign.
CAGETM	.3761	.1415	.3761	14.83	.000
MODE	n/e				

*n/e = not entered into equation

Note. Definitions of variables in Table 5.9.

CAGETM The age of the child at adoption.

MODE The mode of adaptations used.

In addition to the foregoing analyses, the combined effect of Perception of Eligibility, fertility status of the parents, and the racial nature of the adoption did not have any noticeable affect on the Symptom Scale score. So while the age of the child at adoption was related to the adjustment of the child, the mode of adaptation did not appear to have any influence on the adjustment of the child. Therefore, hypothesis 4 was only partially supported.

Summary

The analysis of the data suggested that perception of eligibility may affect a couple's decision to adopt independently, as the greatest differences in PES scores were between the independent group and the agency and overseas groups. The similarity of the agency and overseas groups was surprising. It now appears that these two groups may represent the same pool of eligible applicants, differing only in the location in which they completed the adoption.

There were no differences in the level of adjustment between the conformity, innovation, and rebellion groups. Even though the subjects in this study experienced a greater number of symptoms than in Fanshel's earlier study, this could not be interpreted as an indication of greater maladjustment. Instead, the greater scores for this study were attributed to a number of special needs children who were included in the study. While the Symptom Scale was measured along a continuum from good adjustment to poor adjustment, there was no clear line separating the scores between good adjustment and poor adjustment. However, the predominance of low Symptom Scale scores for the parents in the present study suggested that the majority of these families fall on the side of good adjustment.

The age of the child at adoption influenced the adjustment of the child. Children who were adopted at a younger age had a higher level of adjustment than children adopted at an older age. For this study, at least, age of the child at adoption was the singlemost predictor of overall adjustment of the child.

CHAPTER VI

CONCLUSIONS

This chapter will present the conclusions derived from the analysis of the data, the contributions to theory development, the limitations of the study design, and the significance of the findings for social work and the Air Force. The chapter will conclude with some recommendations for future research.

Major Findings

The data obtained in this study suggests that most Air Force families who adopt children have positive experiences with their adoptions. Despite the obstacles posed by frequent relocations, lack of residency, or other drawbacks of military life, Air Force families do manage to adopt children. Approximately 60% of the families in this study adopted children through agencies, 30% adopted children overseas, and 10% adopted children independently. Comparable national figures are not available as adoption statistics are no longer collected by federal agencies. However, the National Committee for Adoption has made some estimations based on a survey of several states (NCFA, 1985, p. 102).

The National Committee for Adoption estimates that 11% of the 50,720 children adopted in 1982 were foreign children. In addition, 38% of the total unrelated adoptions in 1982 were completed by public agencies, 29% by private agencies, and 33% independently. The Child Welfare League of America found that 75% of the non-relative adoptions in 1970 were arranged by social agencies (1978, p. 6). Therefore, it appears that about twice as many adoptions are completed by agencies than by independent means. The ratio of agency to independent adoptions for this study, however, was much smaller, about six to one, with the

agency adoptions being more frequent. (It is not known how many of the overseas adoptions involved agencies and how many were completed independently).

The greater number of agency adoptions in this study suggests that the majority of these families were able to meet the requirements posed by agencies and were able to compete with civilian families for the available children. The smaller number of families adopting independently may represent a lesser willingness to assume the increased risks of independent adoptions or a reluctance to pay the greater price for an independent adoption. The National Committee for Adoption estimates that the average cost for an agency adoption in 1984 was at least \$6,000 while an independent adoption could range as high as \$10,000 to \$15,000 (1985, p. 23).

While the majority of adoptions in this study were inracial (60%), it was also clear that most of the inracial adoptions were completed by infertile parents. In addition, a significantly greater proportion of transracial adoptions were completed by fertile parents. This tends to support the findings of Feigelman and Silverman (1983), Zastrow (1977), and Falk (1970) who concluded that fertile parents were more likely to adopt transracially than infertile couples. This has been variously attributed to the altruistic or humanitarian motivations of the transracial couples, and the fact that fertile parents are less threatened by role handicaps or by a child who differs in appearance from them.

The Perception of Eligibility Scale (PES) scores for fertile parents did not differ significantly from the PES scores for infertile parents. In other words, fertility did not affect the parents'

perception of their eligibility for agency adoptions. Also, there was no difference in the Symptom Scale scores for fertile parents as compared to scores for the infertile parents. Children adjusted as well in families where the parents were fertile as they did in families where the parents were infertile.

There were no differences in the PES scores or the Symptom Scale scores between the transracial adoptions and the inracial adoptions. The transracial parents did not feel any less eligible for an agency adoption than the inracial parents. And the children of transracial adoptions showed as good an adjustment as the children of inracial adoptions.

This study failed to show any significant difference between the modes of adaptation and the adjustment of the child. In general, there was no difference in the child's adjustments whether the families adopted children through an agency, independently, or overseas. Most of the parents reported few or a small number of symptoms; and only in a few cases did the families obtain a score greater than 31 (Fanshel's highest reported score).

However, as reported earlier, the mean Symptom Scale score of 9.83 for this study was quite higher than Fanshel's mean of 7.93. The range in scores, 0-45, for this study was also larger than Fanshel's range, 0-31. This larger mean Symptom Scale score and greater range of Symptom Scale scores may reflect a greater openness and awareness of the importance of early detection of symptoms due to the availability and accessibility of free medical care in military facilities. The larger number of symptoms was also related to the presence, in this study, of special needs children, the adoption of whom has greatly increased since

Fanshel's 1972 study. The special needs children in this study did score significantly higher on the Symptom Scale than the non-special needs children.

The children 11 years and older also scored significantly higher on the Symptom Scale than the children under 11. Fanshel (1972) and Gill and Jackson (1983) have expressed apprehension of greater difficulties for the adopted children as they move into adolescence and adulthood. This study offers empirical evidence that these two groups may indeed be different and that the increasing age of the child may be related to increased adjustment problems. Further research into this area is necessary before the reasons for these differences can be identified.

The PES, originally constructed for this study, proved to be a fairly reliable instrument, capable of measuring the parents' assessment of their eligibility for an agency adoption. The parents who adopted children through a public agency, a private agency, or overseas tended to score in the moderate range while the independent adoption parents scored on the low range of the PES. The PES did differentiate the conformity from the non-conformity parents, but this difference was attributed to the low mean scores of the independent adoptions group. A greater proportion of parents entering into independent adoptions scored lower on the PES than parents entering into agency or overseas adoptions. In other words, the parents who adopted independently viewed themselves as being less eligible in qualifying for an agency adoption. This conclusion must be viewed with caution due to the small number (9) of independent adoptions.

A curious finding occurred with the overseas group. Where it was expected that the overseas group would be more similar to the

independent group than the agency group, the reverse occurred. The author had expected that families would be influenced into adopting overseas because of their inability to obtain an agency adoption in the states. Instead, the PES scores for the overseas group were similar to the agency group, and much different from the independent group. Therefore, it did not appear that the quality of lesser eligibility was related to overseas adoptions. In other words, it does not seem that families adopt in overseas locations because they perceive themselves as less eligible for agency adoptions. What may be occurring instead is that families may come upon overseas assignments that then develop into an adoption opportunity. It also does not appear, at this point, that overseas adoptions or independent adoptions pose any greater risks to the adjustment of the child than do agency adoptions. The children who were adopted independently and overseas appear to do as well as the children who were adopted through agencies.

The Silverman Scale correlated highly with the Symptom Scale and could indeed be used as a short and reliable instrument to measure the adjustment of the child to the adoption. The large majority of families scored low on both instruments signifying a lack of adjustment problems. The few families who scored high on the Symptom Scale (signifying a greater number of problems) tended to be families who had adopted special needs children. Because the Symptom Scale relates to developmental stages, a delay or difficulty in achieving these stages would represent an adjustment problem, though not necessarily one that is unexpected. In other words, a physical or mentally handicapped child could experience a greater number of difficulties in meeting certain milestones, but it did not necessarily mean that this resulted in more

adjustment problems. In this regard, the Symptom Scale does not compensate for handicapped children in measuring their adjustment to the adoption. Whereas, the Silverman Scale may offer more latitude as it does take this into account when it asks the parents if they experienced more problems than "anticipated". Only seven families on the Silverman Scale (7.6%) reported encountering much more problems than they had expected.

While most of the children in this study were reported to have made a good adjustment to the adoption, children who were adopted at an earlier age made a better adjustment than children adopted at a later age. This positive correlation between the age of the child at adoption and the Symptom Scale underscores the need for early placement of the adoptable child. In this regard, the drafters of Public Law 96-272 should be applauded for recognizing this fact and for accelerating the early release of adoptable children. And if adoption of children at an early age is to occur, increased emphasis must be applied to these two areas: 1) the early release of children for adoption, and 2) availability of a suitable adoptive home. Even before PL 96-272 was enacted, researches had recommended that "...permanent substitute care be made as early as possible....There should be for the biological parent a period of time between the decision to surrender the child and actual legal surrender, between the placement of the child for adoption and the actual legal consummation of adoption" (Kadushin, 1980b, p. 37).

More recently, Meezan and Shireman (1985) have noted that lengthy court decisions, which seemed to protect the parent rights, prolonged the parental termination proceedings and prevented children from entering permanent homes. The authors asked, "when does the child's

right to permanency supercede the biological parents' right to their child?" (p. 229). The authors called for the courts to "...adopt the posture that, after a certain period of time during which the biological parents receive services and do not respond to them, termination of parental rights should become the norm" (p. 230).

The second area of concern refers to finding appropriate adoptive homes for the children, once they are considered free for adoption. The majority of researches on transracial adoptions have called for the placement of children with parents of the same race or culture when feasible. However, the large number of minority children in temporary placement relative to the smaller number of minority applicants suggest that greater efforts need to be made in recruiting or qualifying minority applicants. For example, it was surprising that the present study contained only five minority husbands and five minority wives, while there were 39 minority children. When the service member's race is taken into consideration, the five minority members (5.5%) are an underrepresentation of Air Force members in general. The 113,000 minority service members make up approximately 23% of the active duty force ("An Air Force Almanac", 1987, p. 82).

At a minimum, agencies should reassess the eligibility requirements for adoptive applicants as potential parents of special needs children, especially for the minority child. Some authors (Aldridge, 1979; Simon, 1984; Herzog et al., 1978) have even implied that the term "hard-to-place" may be a misnomer for the minority child. The problem may reside in the lack of approved adoptive homes for these children rather than a difficulty inherent in the children. These authors have suggested that attempting to qualify minority applicants with a majority standard may

eliminate a large number of potential applicants. Instead, these authors recommend such actions as lowering income or education requirements, giving greater consideration to single parents, or instituting adoption subsidies in order to qualify more applicants as potential parents of special needs children.

One such innovative project along these lines has resulted in dramatic increases in the number of prospective families for what was thought to be hard-to-place minority children (Washington, 1987). The minimal changes in the policies and procedures for recruiting these families for the Friends of Black Children model emphasized the strengths and potentials of these families rather than screening out prospective families (p. 67). This resulted in a 400% increase in approved families for minority children. Equally important, though, was the breaking down of barriers between the agencies and the communities as well as the use of flexible recruitment criteria.

Limitations of the Study

The lack of a data base for military adoptions made it difficult to select a random sample, and the author had to advertise for volunteers. This resulted in a rather selective group: those Air Force families who adopted children and either read or heard about the study and chose to participate in the hopes that their experiences would be beneficial to other military families. While it is entirely possible that the families who responded were families who had made a good adjustment (and that those who experienced poor adjustments or adoption disruption did not participate), several observations tend to refute this possibility. First of all, the study received wide dissemination in a variety of media with the potential of reaching a large segment of Air Force

families. Second, the study did contain some families with a number of adjustment problems, indicating that families with adjustment problems were responding to the request for volunteers. And third, because all respondents were encouraged to complete and return the questionnaire, it is the author's contention that the sample, which consisted of a 92% return rate, was fairly representative of all Air Force adoptions.

Perhaps a more representative sample could have been achieved by randomly selecting a few bases and intensely searching and contacting all the adoptive families on those bases. However, the greater financial cost and time involved would have been prohibitive for one person to underwrite and conduct. In this respect, the study design was considered to be a feasible alternative.

Some statistical limitations were imposed by the size of the study sample. Although the 92 subjects were more than the 60 minimum the author needed, it was less than the optimum that the author had hoped for. Consequently, some statistical computations could not be accomplished because of the greater number of subjects that were required for those computations. This then led to a collapsing of categories and the loss of some data. This occurred when the PES scores were categorized into high, medium, and low scores and some cells did not have a minimum of five cases. This may have resulted in Type II errors, acceptance of the null hypothesis when it should have been rejected.

The lack of a control group posed some limitations on the generalizing of the study. Obviously the inclusion of control groups could have resulted in direct comparisons between Air Force and civilian adoptions. The addition of a control group, though, would have also

significantly increased the cost and complexity of the study beyond the capabilities of one individual. In all likelihood, some generalizations can be made to military families to the extent that all military families encounter transfers every few years, and all military families are entitled to receive similar services from the parent or sister services. Therefore, it is highly probable that the PES and the Symptom Scale results could be generalized to all military families. However, generalizations should not be extended to civilian families.

Contribution to Theory

This study has shown that Air Force families adopt children in some ways that are similar to civilian families. Ninety percent of the families placed some importance on wanting to provide a home for a child. Eighty-five percent of the families adopted children because they wanted a child of their own, while 70% of the families wanted to raise a child of a certain age. Erikson has referred to child-rearing as the generativity stage of the life cycle in which parents express their concern for establishing and guiding the next generation through the raising of children. The fact that the majority of these families were infertile (83%) suggests that adoption may be used as a method of completing a necessary part of the life cycle.

This study has extended the use of Merton's Theory of Social Structure and Anomie to adoptive families. The "success" represented by having and raising children can be fulfilled by infertile couples through adoption. But the data suggests that the modes of adaptation used by adopting families are not as clearcut as was initially proposed by this author. Based on the PES and the measures of adjustment, it now appears that the agency adoption and the overseas adoptions are more

similar to each other than they are different. The only major difference between the two types of adoptions may be in the geographical locations where the adoptions took place. These two types of adoptions may represent only one mode of adaptation used by adopting families rather than the two proposed earlier.

It is quite possible that Merton's Theory does not apply specifically to the adoption of children but may have applicability to the raising of all children, both natural and adopted. Independent adoptions may still represent the rebellion mode of adaptation but overseas and agency adoptions may now represent the innovative mode of adaptation. Conformity would then refer to those families in which children are born naturally to parents.

Implications for Air Force and Social Work

The findings of this study have implications for Air Force and social work policy and practice. For example, a two year adoption reimbursement test program was recently inaugurated to provide financial assistance to military adopters (Maze, 1987, p. 20). According to the plan, military families who adopt children would be eligible for a reimbursement of adoption costs of up to \$2,000 per child, with a maximum of \$5,000 per year. But as this study has emphasized, the problem may not be in the lack of funds for pursuing adoptions, but a lack of adoption opportunities. If adoptions by military families is to increase, these families must be offered greater opportunities for adoption.

Obviously, one of the fears of adoptive military couples is that they will receive reassignment orders before a child is placed with them, necessitating a termination of the adoption process. Families

need to be made aware that they can receive a humanitarian deferment (of up to one year) if the time is needed to finalize the adoption. Adoption agencies should also recognize this and take this into consideration when working with military families.

A majority of the respondents (77%) felt that frequent changes of assignments were a major obstacle to agency adoptions. This frequency of moves places the military family at a disadvantage and can inhibit the couple from applying or can lead to a termination of the adoption proceedings. Many of the families suggested that adoption agencies consider a method to allow for constructive credit for military families. Then a military family could begin the adoption process with one state or agency, knowing that if they got reassigned they would not have to begin the process over again, but would be given some credit for their prior application or time spent waiting for a placement.

Some agencies have allowed families in which a child has been placed to leave the state prior to the final decree. Follow-up reports were then provided by an agency in the gaining state. The possibility exists of utilizing the services of the military social worker in providing follow-up reports. Since some states have requested assistance from the military social worker in completing home studies for families residing overseas, this service could be extended to providing follow-up reports on families who have relocated to other stateside or overseas bases.

Military families should be encouraged to explore the possibility of adopting a special needs child. While the multi-racial atmosphere on a military base may be conducive to raising a transracially adopted child, a severely handicapped child could become a liability for the

serviceman's career as it would restrict his duty assignments. Even then, there are other special needs children who could benefit from adoption by a military family and this opportunity should be pursued more vigorously by adoption agencies, as well as by adoptive parents.

One positive effort that is likely to increase the number of military applicants is the recommendation of a White House task force on adoption for "...a public education campaign highlighting successful military adoptive families" (Havemann, 1987, p. A20). This would serve to offer encouragement and hope to potential military applicants that adoptions by military families are possible. And it would also show adoption agencies that military couples can make acceptable parents for non-special needs children as well as special needs children.

Military professionals and agencies, too, need to become more cognizant of the needs of the family seeking adoption and be able to offer greater assistance to these families. The family support centers on most bases are in an ideal position to offer information or programs to potential adopters. Many of the families reported frustrating experiences when they sought assistance from military professionals who oftentimes knew less about adoptions than they did.

Many adoptive families used support groups during the adoption process and found comfort and hope in hearing from other adoptive families. At a recent meeting of a support group for military families, for example, the members expressed a desire of sharing their experiences with potential adopters, to offer information and help they wished they had received during the initial periods of their adoption process. Many of these families suggested that potential adopters:

1. start the adoption process as soon as they arrive at a new base,

2. make contact with a lot of people and let them know of their intention/desire to adopt,
3. "hang in there" and don't give up.

Military social workers may be the best qualified professionals to offer counseling to the adoptive military family. This could be in the form of helping a couple examine their feelings or motivations for adopting a child, whether it be a special needs or a non-special needs child. Military social workers could also assist the new adoptive parents in adjusting to the adoptions and the changes that result from the adoptions. Supportive counseling could be helpful to these couples in their transition from a childless state to that of nurturing parents. Or military social workers can be more receptive and willing to assist adoptive families by providing home studies or follow-up reports for agencies or the courts to help them in assessing the potential adoptive couple or the progress of the adoption.

Future Research

This research was designed to study Air Force families and their experiences with adoption. The limitations of the study provided some insights into future research. The extension of the study to include adoptive families from the other military services would provide valuable information and offer greater generalizations. The results could then be useful as a basis for establishing a Department of Defense policy rather than the more limited Department of Air Force policy.

A control group composed of military families with natural born children would offer a means of comparing the adjustments of natural born and adopted children. It could also be used to determine the effect that frequent moves have on adoptive military families. The

results of a study of this sort could act as a powerful catalyst in generating support for or against military adoptions.

It would also be helpful to further refine or develop a measure of adjustment that would compensate for the adoption of special needs children. As was pointed out earlier, the Symptom Scale did not make any allowances for the handicaps of the special needs children. Parents who adopt special needs children would have considered and would be aware of the greater difficulties posed by these adoptions. And the fact that these problems appear, and hopefully get solved, should not imply that these families experience any greater degree or amount of maladjustment. The Silverman Scale takes into account some of the difficulties associated with special needs children by asking parents if they experienced more problems than they expected. Further use and development of the Silverman Scale should be explored by students of adoption.

Summary

Adoption can be an acceptable form of family building that provides a child for a couple unable or unwilling to bear one of their own. At the same time it provides a child with a replacement for the parents who were unable or unwilling to keep the child. Military couples can provide one such source of eligible adoptive parents. The 92 families in this study have shown that Air Force couples can and do adopt despite the drawbacks imposed by the military life style. Furthermore, the majority of the children in these adoptions have made a good adjustment to the adoption. Further studies are needed to compare the adjustment of children adopted by military families with natural born children of military families, and with children adopted by civilian families. In

the meantime, the results of this study dictate that early placement of the child in the adoptive home would be in the best interest of the child.

APPENDIX

Appendix A

3869-A Steppes Ct.
Falls Church, VA. 22041
1 April 1987

Dear Adoptive Parents,

First of all, let me thank you for responding to my request for participants for my study. I am an Air Force Institute of Technology doctoral student at Catholic University of America in Washington, D. C. I have an interest in adoptions, especially adoptions by military families. I know that military families have unique experiences and may sometimes have difficulty finding adoption services or assistance. My goal in studying this area of adoptions is to examine the process used by Air Force families in obtaining an adoption, and to bring some attention to the problems faced by these families in seeking adoptions. Hopefully this would serve to influence current policies and practices and enable military families to adopt or adjust to the adoptions with greater ease.

In order to learn more about adoptions by military families, I have designed the following questionnaire to be completed together by both adoptive parents. It should take approximately 45 minutes to complete. The individual answers are considered confidential information, and only the total group responses will be used for this study. The I. D. number at the top of each questionnaire will be used for data entry and recording purposes only. Also, do not write in the left column, as this will be used for coding purposes. If you wish to make additional comments, please include them on a separate sheet of paper. No names or other identifying information will be used for this study.

If you know other Air Force couples who have adopted children while on active duty, I would appreciate your encouraging them to write me for a copy of the questionnaire. Please return the questionnaire using the self-addressed stamped envelope. Your earliest response would be greatly appreciated.

Sincerely,

Maurice M. Hayashi, Lt Col, USAF

Privacy Act Statement

Authority: 10 U. S. C. 8012, Secretary of the Air Force; powers and duties; delegation by.
Purpose: To conduct a survey of adoption by military families. Routine Uses: None. Disclosure: Furnishing the information is voluntary. The results of the survey (in non-identifiable form) may be released to the Air Force Human Resources Laboratory or the public for research purposes.

Survey Control Number: 87-23; expires: 31 Dec 1987

ADOPTION QUESTIONNAIRE

DO NOT
MARK
IN THIS
COLUMN

ID # _____
(1-3)
Card 1(4)

A. THE FOLLOWING QUESTIONS (#6-#16) ARE TO BE COMPLETED BY THE HUSBAND:

- ____ (6-7). Age _____.
- ____ (8). Which category best describes your race:
- (1) ☐ White
 - (2) ☐ Black
 - (3) ☐ Hispanic
 - (4) ☐ Oriental (please specify: _____).
 - (5) ☐ Other (please specify: _____).
- ____ (9). Are you: 1) ☐ Active duty 2) ☐ Retired 3) ☐ Neither
- ____ (10-11). If active duty or retired, number of years in service _____.
- ____ (12). If active duty or retired, branch of service _____.
- ____ (13-14). If active duty or retired, present rank _____.
- ____ (15). Check your highest level of education:
- (1) ☐ Some high school
 - (2) ☐ Graduated high school
 - (3) ☐ Some college
 - (4) ☐ Graduated college
 - (5) ☐ Some graduate work
 - (6) ☐ Master's degree
 - (7) ☐ Doctorate degree
- ____ (16). Your religion:
- (1) ☐ Catholic
 - (2) ☐ Protestant
 - (3) ☐ Jewish
 - (4) ☐ No formal denominational affiliation at present
 - (5) ☐ Other (Please specify: _____)

B. THE FOLLOWING QUESTIONS (#18-#31) ARE TO BE COMPLETED BY THE WIFE:

- ____ (18-19). Age _____.
- ____ (20). Which category best describes your race:
- (1) ☐ White
 - (2) ☐ Black
 - (3) ☐ Hispanic
 - (4) ☐ Oriental (please specify: _____).
 - (5) ☐ Other (please specify: _____).

- ____ (21). Are you: 1) ____ Active duty 2) ____ Retired 3) ____ Neither
 ____ (22-23). If active duty or retired, number of years in service ____
 ____ (24). If active duty or retired, branch of service ____
 ____ (25-26). If active duty or retired, present rank ____
 ____ (27). Check your highest level of education:
 (1) ____ Some high school (5) ____ Some graduate work
 (2) ____ Graduated high school (6) ____ Master's degree
 (3) ____ Some college (7) ____ Doctorate degree
 (4) ____ Graduated college
 ____ (28). Your religion:
 (1) ____ Catholic
 (2) ____ Protestant
 (3) ____ Jewish
 (4) ____ No formal denominational affiliation at present
 (5) ____ Other (Please specify: ____).

Every child has problems at some time or other in growing up.
 Below are listed a number of areas where children frequently have difficulties.
 Check how frequently your adopted child experiences or had experienced
 these problems:

- ____ (29). A. Emotional adjustment problems (for example, excessive fears or
 anxieties, aggressive behavior, shyness with others).
 (1) ____ Never (2) ____ Rarely (3) ____ Sometimes (4) ____ Often
 ____ (30). B. Growth problems (for example, toilet training difficulties, speech
 problems, problems with walking or coordination).
 (1) ____ Never (2) ____ Rarely (3) ____ Sometimes (4) ____ Often
 ____ (31). C. Which statement below best reflects your feelings about your adoptive
 child's adjustment? (Check one below)
 (1) ____ It has been satisfactory in every possible aspect.
 (2) ____ On the whole it has worked out well, although we have had
 occasional problems.
 (3) ____ We have had more problems than we anticipated.
 (4) ____ We have had a great many more problems than we anticipated.

C. THE FOLLOWING QUESTIONS PERTAIN TO YOUR FIRST ADOPTED CHILD
 (IF MORE THAN ONE) AND ARE TO BE COMPLETED BY BOTH PARENTS:

- ____ (33-36). Child's date of birth: ____ Month ____ Year
 ____ (37). Sex: (1) ____ Male (2) ____ Female
 ____ (38-41). How old was your child when you adopted him/her?
 ____ Years ____ Months old

- ____ (42-43). Child's race:
- (1) ☐ White (please specify country of birth _____).
 - (2) ☐ Black (please specify country of birth _____).
 - (3) ☐ Hispanic (please specify country of birth _____).
 - (4) ☐ Oriental (please specify country of birth _____).
 - (5) ☐ Other (please specify country of birth _____).
- ____ (44). Child's religion:
- (1) ☐ Catholic
 - (2) ☐ Protestant
 - (3) ☐ Jewish
 - (4) ☐ No formal denominational affiliation at present
 - (5) ☐ Other (Please specify: _____).
- ____ (45). Besides this child, how many other children do you have? _____.
- ____ (46). If you have other children, are any of the other children adopted?
- (1) ☐ Yes
 - (2) ☐ No
- ____ (47). If yes, how many other adopted children are there? _____.

D. ADOPTION HISTORY: TO BE COMPLETED BY BOTH PARENTS.

- ____ (49-52). When were you married? _____ Month _____ Year
- ____ (53-56). When did you first discuss adoption between the two of you?
- _____ Month _____ Year
- ____ (57). Have you ever made a formal application for adoption with:
- (1) ☐ A private U. S. adoption agency
 - (2) ☐ A public U. S. adoption agency
 - (3) ☐ Both a private and a public U. S. adoption agency
 - (4) ☐ Neither a private nor a public U. S. adoption agency
- ____ (58). Have you ever been refused an adoption by an adoption agency?
- (1) ☐ Yes
 - (2) ☐ No
 - (3) ☐ Never applied
- ____ (59). If yes, what reason did the agency give for the refusal? _____
- ____ (60-61). If you used a U. S. adoption agency, did the agency consider your child to be a "special needs" child (a minority, older, or handicapped child)?
- (1) ☐ Yes (Please specify _____).
 - (2) ☐ No
 - (3) ☐ We did not use an adoption agency
- ____ (62). When you first discussed adoption between yourselves, did you wish to adopt:
- (1) ☐ a male child
 - (2) ☐ a female child
 - (3) ☐ the sex of the child was not important

____(63). Which statement best describes your situation at the time you made the decision to adopt?

- (1) ____ We were able to have children but decided to adopt because of health risks to me or my spouse
- (2) ____ We were able to have children but preferred adoption over having children of our own.
- (3) ____ We were unable to have children because of an involuntary fertility condition (low sperm count, hysterectomy due to medical problems, unable to conceive, etc.)
- (4) ____ We were unable to have children because of a voluntary fertility condition (vasectomy, tubaligation, etc.)
- (5) Please explain: _____

____(64-65). If you have never applied to a U. S. adoption agency, which of the following would most likely have happened, had you applied when you first considered adoption?

- (1) ____ We probably would have met the requirements and would have been approved for adoption.
- (2) ____ We probably would not have been approved for adoption because (check the primary reason only):
 - (a) ____ we were too young
 - (b) ____ we were too old
 - (c) ____ we already had children in our home
 - (d) ____ we were in the military
 - (e) ____ we had too little income or too many debts
 - (f) ____ we moved too often
 - (g) ____ we didn't meet the residence requirements
 - (h) ____ we were not married long enough
 - (i) ____ other _____

____(66). This adoption was arranged:

- (1) ____ in the U. S. through a public adoption agency
- (2) ____ in the U. S. through a private adoption agency
- (3) ____ in the U. S. without the help of any adoption agency
- (4) ____ overseas with or without an adoption agency

____(67-69). This adoption was arranged in:

- (1) ____ CONUS (Which state? _____)
- (2) ____ Overseas (Which country? _____).

____(70). Have you had any pre-adoption counseling in conjunction with this adoption?

- (1) ____ Yes
- (2) ____ No

____(71-72). If yes, how many sessions of pre-adoption counseling did you receive? _____

____(73). Have you had any post-adoption counseling in conjunction with this adoption?

- (1) ____ Yes
- (2) ____ No

- ____ (74-75). If yes, how many sessions of post-adoption counseling did you receive? ____.
- ____ (76). Did you have a home study during the adoption process (a visit by a professional)?
(1) ____ Yes (2) ____ No
- ____ (77). Have either of you been a member of a support group for adoptive parents?
(1) ____ Yes (2) ____ No
- ____ (78). If yes, how long did you attend?
(1) ____ 0-6 months (3) ____ 13-18 months
(2) ____ 7-12 months (4) ____ more than 18 months
- ____ (79). If you attended a support group for adoptive parents, how helpful was this experience:
(1) ____ Very helpful
(2) ____ Somewhat helpful
(3) ____ Not helpful at all
- ____ (80). Do you feel that support groups are useful for adoptive parents:
(1) ____ Yes (2) ____ No

ID# _____
(1-3)
Card 2(4)

E. WHEN YOU FIRST DISCUSSED ADOPTION BETWEEN YOURSELVES, HOW DID YOU FEEL ABOUT THE FOLLOWING TYPES OF CHILDREN? PLACE ONE OF THE FOLLOWING NUMBERS ON EACH LINE:

- 1 = Definitely would consider adopting
2 = Would consider adopting with reservations
3 = Undecided
4 = Would prefer not to consider adopting
5 = Definitely would not consider adopting

- _____ (6). _____ a child with no physical or mental handicaps
 _____ (7). _____ a child with a slight physical or mental handicap
 _____ (8). _____ a child with a moderate physical or mental handicap
 _____ (9). _____ a child with a severe physical or mental handicap
 _____ (10). _____ a child between 0-1 years of age
 _____ (11). _____ a child between 2-5 years of age
 _____ (12). _____ a child between 6-10 years of age
 _____ (13). _____ a child 11 years of age and older
 _____ (14). _____ a White child
 _____ (15). _____ a Black child
 _____ (16). _____ an Hispanic child
 _____ (17). _____ an Oriental child

F. AIR FORCE FAMILIES HAVE DIFFERENT REASONS FOR APPLYING OR NOT APPLYING TO AN ADOPTION AGENCY. FOR THE FOLLOWING STATEMENTS, PLACE A NUMBER IN THE SPACE AT THE LEFT OF EACH STATEMENT THAT CORRESPONDS TO THE CHOICE THAT BEST DESCRIBES HOW YOU FEEL:

- 1 = strongly agree
- 2 = agree
- 3 = uncertain
- 4 = disagree
- 5 = strongly disagree

- ____ (19). ____ Air Force families have as good a chance as civilian families of adopting a child through an adoption agency.
- ____ (20). ____ Frequent PCS (permanent change of station) moves is a major obstacle to an Air Force family wanting to adopt a child through an agency.
- ____ (21). ____ Adoption agency workers tend to rate Air Force families higher than civilian families.
- ____ (22). ____ Adoption agency workers have a good understanding of the average Air Force family who wants to adopt a child.
- ____ (23). ____ Air Force families feel they do not have a chance of adopting a child through an adoption agency.
- ____ (24). ____ Adoption agency workers have the impression that Air Force families use too much discipline in their homes.
- ____ (25). ____ Adoption agency policies tend to discriminate against the Air Force family.
- ____ (26). ____ Well-qualified Air Force couples should have few problems in getting accepted for adoption by an agency.
- ____ (27). ____ Adoption agency workers have a good understanding of the problems faced by the Air Force family applying for an adoption.
- ____ (28). ____ The inability to meet local residency requirements prevents Air Force families from obtaining agency approval for adoption.

G. HOW HELPFUL WOULD YOU SAY THE FOLLOWING INDIVIDUALS WERE IN ASSISTING YOU WITH YOUR ADOPTION? PLEASE INDICATE THE HELPFULNESS OF EACH OF THE INDIVIDUALS LISTED BELOW BY PLACING A NUMBER ON THE SPACE NEXT TO EACH PERSON/OFFICE:

- 1 = very helpful
 2 = helpful
 3 = moderately helpful
 4 = slightly helpful
 5 = not helpful at all
 6 = had no contact with this person/office

- ____ (30). ____ civilian physician
 ____ (31). ____ military physician
 ____ (32). ____ civilian psychiatrist
 ____ (33). ____ military psychiatrist
 ____ (34). ____ civilian psychologist
 ____ (35). ____ military psychologist
 ____ (36). ____ civilian social worker
 ____ (37). ____ military social worker
 ____ (38). ____ civilian lawyer
 ____ (39). ____ military lawyer
 ____ (40). ____ civilian chaplain
 ____ (41). ____ military chaplain
 ____ (42). ____ co-workers
 ____ (43). ____ husband's parents
 ____ (44). ____ wife's parents
 ____ (45). ____ friends
 ____ (46). ____ adoption agency personnel
 ____ (47). ____ school personnel
 ____ (48-52). ____ other (please specify _____)

H. USING THE SAME SCALE AS ABOVE, HOW HELPFUL WERE EACH OF THE FOLLOWING MILITARY AGENCIES FOR YOUR ADOPTION?

- ____ (54). ____ Family Support Center
 ____ (55). ____ Mental Health Clinic
 ____ (56). ____ Legal Office
 ____ (57). ____ Chaplain Office
 ____ (58). ____ Pediatrics Clinic
 ____ (59). ____ OB/GYN Clinic
 ____ (60). ____ Family Practice Clinic
 ____ (61-65). ____ Other (please specify _____)

I. COUPLES ADOPT CHILDREN FOR MANY DIFFERENT REASONS. HOW IMPORTANT WERE EACH OF THE FOLLOWING REASONS IN YOUR DECISION TO ADOPT? INDICATE YOUR ANSWER BY PLACING ONE OF THE FOLLOWING NUMBERS ON THE LINE NEXT TO EACH REASON.

- 1 = very important
2 = important
3 = moderately important
4 = slightly important
5 = not important at all

- ____(67). ____ We wanted a child of our own
____(68). ____ We wanted to provide a home for a child
____(69). ____ Religious reasons
____(70). ____ We wanted a child of a certain sex
____(71). ____ We wanted a child of a certain age
____(72-77). ____ Other _____

ID# _____
(1-3)
card 3(4)

J. SYMPTOM CHECKLIST: THE FOLLOWING IS A LIST OF SYMPTOMS COMMON IN CHILDREN. PLEASE CIRCLE THE ANSWER THAT BEST DESCRIBES YOUR CHILD. THE SYMPTOMS REFER TO ANY PAST OR PRESENT SYMPTOMS.

- | | | | | |
|-----------|------------------------------|---------------|-------------------|---------------|
| ____(6). | Walking impairment: | | | |
| | 0. none | 1. slight | 2. serious | |
| ____(7). | Speech impairment: | | | |
| | 0. none | 1. slight | 2. serious | |
| ____(8). | Toilet training problems: | | | |
| | 0. none | 1. minor | 2. serious | |
| ____(9). | Eating problems: | | | |
| | 0. none | 1. minor | 2. serious | |
| ____(10). | Estimate of health: | | | |
| | 0. excellent | 1. fair | 2. poor | |
| ____(11). | Chronic colds: | | | |
| | 0. rarely or never | 1. occasional | 2. somewhat often | 3. very often |
| ____(12). | Stomach disorders: | | | |
| | 0. rarely or never | 1. occasional | 2. somewhat often | 3. very often |
| ____(13). | Allergies or skin disorders: | | | |
| | 0. rarely or never | 1. occasional | 2. somewhat often | 3. very often |
| ____(14). | Respiratory difficulties: | | | |
| | 0. rarely or never | 1. occasional | 2. somewhat often | 3. very often |

- ____ (15). Obesity or underweight:
 0. rarely or never 1. occasional 2. somewhat often 3. very often
- ____ (16). Sleep disorders:
 0. rarely or never 1. occasional 2. somewhat often 3. very often
- ____ (17). General child disposition:
 0. generally happy 1. moderately happy 2. unhappy
- ____ (18). Extent of moodiness:
 0. rarely 1. occasional 2. frequent
- ____ (19). Extent of tenseness:
 0. generally not tense 1. moderate 2. very tense
- ____ (20). Your reaction to child's personality:
 0. highly pleased, satisfied 1. moderately pleased 2. displeased
- ____ (21). Speech problems:
 0. no problem 1. mild 2. somewhat severe 3. severe
- ____ (22). Sleep disturbance:
 0. no problem 1. mild 2. somewhat severe 3. severe
- ____ (23). Phobias:
 0. no problem 1. mild 2. somewhat severe 3. severe
- ____ (24). Restlessness:
 0. no problem 1. mild 2. somewhat severe 3. severe
- ____ (25). Aggressive behavior:
 0. no problem 1. mild 2. somewhat severe 3. severe
- ____ (26). Excessive fears or anxiety:
 0. no problem 1. mild 2. somewhat severe 3. severe
- ____ (27). Enuresis (bedwetting):
 0. no problem 1. mild 2. somewhat severe 3. severe
- ____ (28). Other personality problem:
 0. no problem 1. mild 2. somewhat severe 3. severe
- ____ (29). Sensitivity:
 0. none 1. mild 2. fairly strong

- ____(30). Overall personality
 0. no problems 1. mild problems 2. moderately severe problems
- ____(31). Gregariousness of child (sociability):
 0. very gregarious 1. slightly gregarious 2. not gregarious
- ____(32). Shyness with peers:
 0. not shy at all 1. minor difficulty 2. moderate difficulty
- ____(33). Shyness with adults:
 0. not shy at all 1. minor difficulty 2. moderate difficulty

K. SUGGESTIONS FOR ADOPTIONS IN AIR FORCE FAMILIES:

- ____(35). What are the advantages of being in the Air Force for couples wanting to adopt children? _____
- ____(36). What are the disadvantages of being in the Air Force for couples wanting to adopt children? _____
- ____(37). What would be most helpful for Air Force families to know if they are planning to adopt children? _____
- ____(38). How can adoption agencies provide better opportunities for Air Force families to adopt children? _____
- ____(39). How can the Air Force better assist prospective adoptive parents or parents who have adopted children? _____
- ____(40-41). What Air Force base are you assigned to? (Optional) _____

PLEASE CHECK TO SEE IF YOU HAVE ANSWERED ALL THE QUESTIONS. THANKS FOR PARTICIPATING IN THIS STUDY. PLEASE RETURN THE QUESTIONNAIRE TO:

Lt Col Maurice M. Hayashi
 3869-A Steppes Ct
 Falls Church, VA 22041

Appendix B

The following advertisement appeared in the March 16, 1987 and May 18, 1987 editions of the Air Force Times.

MILITARY ADOPTIONS STUDY.

Volunteers are needed to participate in a study on the adoption of children [sic] by Air Force families. An Air Force Institute of Technology doctoral student in Social Work at Catholic University of America in D.C. is conducting the study to examine the experiences of military families with adoptions. Volunteers will be asked to complete an anonymous questionnaire relating to their adoption. Families who have adopted a non-related child while on active duty and are interested in participating in the study should contact:

Lt. Col. Maurice M. Hayashi

3869-A Steppes Ct.

Falls Church, VA 22041.

Appendix C

Kachigan (1986) has suggested several means of determining the number of factors to be extracted in factory analysis:

1. Eigenvalues---one could decide to retain only those factors that would account for more variance than a typical variable, that is, more than one eigenvalue.
2. Scree test---with the use of the scree curve to plot the slope of the factors one could decide to keep the factor solution just prior to the levelling of the curve.
3. Variance explained---one can choose to retain those factors that contribute to the variance, recognizing that there is a trade-off between the amount of parsimony and the comprehensiveness one can hope for.
4. Comprehensibility---one can retain those factors which "...makes the most sense in light of what is already known about the subject matter" (p. 389).

Table A.

Factor Loadings on the Perception of Eligibility Scale

Variable Names	Factor 1	Factor 2	Factor 3
1. EQUAL	.83407	.22998	-.01424
2. PCS	.70455	.09914	-.09564
3. RATE	.19488	.74381	-.14139
4. UNDER	.17464	.72446	.47427
5. CHANCE	.74677	.05252	.33848
6. IMPRE	.09617	-.00711	.84253
7. DISCRI	.59114	.45877	.25519
8. PROB	.23997	.70307	-.08724
9. FACE	.07227	.70926	.47592
10. RESID	.76982	.26376	.14176

The variables correspond to the numbered statements on the Perception of Eligibility Scale.

Table B.

Eigenvalues of Factors

	Eigenvalue	Percent of Variance	Cumulative Percent
Factor 1	4.19	41	41.9
Factor 2	1.40	14.0	55.9
Factor 3	1.07	10.7	66.6

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